

APPLICATION FOR SHORELAND LEASE AGREEMENT/ SHORELAND OCCUPANCY PERMIT

ASL NO. _____

APPLICANT'S INFORMATION				
NAME OF APPLICANT				
BUSINESS ADDRESS				
TELEPHONE NO.	FAX NO.	E-MAIL		
FOR INDIVIDUAL APPLICANTS ONLY				
AGE	CIVIL STATUS	CITIZENSHIP	DATE OF BIRTH	PLACE OF BIRTH
NAME OF SPOUSE (IF MARRIED)		CITIZENSHIP	DATE OF BIRTH	PLACE OF BIRTH
RESIDENCE CERT. NO.				

LOCATION/USE OF SHORELAND AREA		
ARE YOU PRESENTLY OCCUPYING THE SHORELAND AREA SUBJECT FOR LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADJOINING/ADJACENT STREET	BARANGAY	TOWN/CITY
PROVINCE	APPROXIMATE AREA (IN SQUARE METERS)	NOTE: SUBJECT TO ACTUAL VERIFICATION
PURPOSE OF LEASE APPLICATION		

APPLICANT'S AUTHORIZED REPRESENTATIVE		
NAME OF AUTHORIZED REPRESENTATIVE		
BUSINESS ADDRESS		
TELEPHONE NO.	FAX NO.	E-MAIL

I hereby certify that the information above are true, complete and accurate to the best of my knowledge, and agree to the fact that this application will not be processed unless all the requirements are properly complied and submitted within a period of two (2) months from the date the application was filed, otherwise the area being applied may be awarded to other qualified applicant.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE _____

SIGNATURE OF APPLICANT

DATE _____

