

Republic of the Philippines
Province of Agusan del Sur
MUNICIPALITY OF TRENTO

Office of the Municipal Treasurer

CLOSURE INSPECTION REPORT

PARTICULARS

Business Name:

Nature of Business:

Location:

Date Closed:

Name of Owner:

Date of Inspection:

Address:

Gross Receipts /
Sales
(*Current*):

Contact No.:

Payment of Taxes:

Gross Receipts /
Sales
(*Previous*):

Year / Qtr.

Amount:

Official Receipt No.:

Date:

Findings:

I hereby certify that the above statements are true and correct to the best of my knowledge.

Inspector's Signature

Date

Witness:

Barangay Official

