



Province of Laguna
City of Santa Rosa
City Health Office II



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City of Santa Rosa
City Health Office II



ENVIRONMENTAL HEALTH AND SANITATION SERVICES

ENVIRONMENTAL HEALTH AND SANITATION SERVICES

Ctrl No. _____ Date: _____

Ctrl No. _____ Date: _____

ORDER OF PAYMENT

Health Card Certificate Fee

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Health Card Certificate Fee

Name/Establishment

Name/Establishment

No. of Applicant(s)

No. of Applicant(s)

B.V.Flores/J.C.Ricafort
Sanitary Inspector

B.V.Flores/J.C.Ricafort
Sanitary Inspector

CHO2 - OOP - F05

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