Date of Received Document	year month day	Seal of Receiver
Number of Received Document	№	

Fees	NT.	Seal of Receiver
Number of Receipt	№	

Application Forms of Land Revision Survey

Organization of Received Document	County City Land Office	Gathering Location (Filled by applicant)
Reason of Land Revision Survey	☐Subdivision ☐Combination ☐Augmentation ☐Recovery ☐Cave-in ☐Boundary verification ☐Boundary re-verification( ) ☐Boundary adjustment ☐Survey for the location of other rights over land(rights) ☐Others ( )	Approximate Map
Documents of Evidence		

Location of Land				Area (hectare)
District	Sections	Subsection	Plot number	

Authorization	I authorize _____ to specify the boundary and signature for application of land revision survey, and to bear legal responsibility if fake.

Name of Applicant	Birthday	Address										Right Range	ID Number	Signature or Seal
		County (City)	District	Village	Neighborhood	Street /Road	Section	Lane	Alley	Number	Floor			

Land Number of The Land with Interests in This Case	Name of The Person with Interests in This Case	Address										
		County (city)	District	Village	Neighborhood	Street/Road	Section	Lane	Alley	Number	Floor	

Date of Application	year month day
Memo	

Signature for Receive Periodical Notice	year month day Signature	Result Notice	

Opinions of Examination and Seal	Surveyor	Inspection	Sector Chief	Chief

Tel (Applicant/Agent) : Fax : E-mail :