MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS



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This form must be completed and included with all media submitted for processing. Submit the form and media to:

Board of Equalization County-Assessed Properties Division Homeowners' Exemption Coordinator PO Box 942879 MIC: 64 Sacramento, CA 94279-0064



COUNTY	COUNTY NUMBER	R DATE SUBMITTED		
MAILING ADDRESS (STREET ADDRESS OR PO BOX)	CITY	1	STATE	ZIP
CONTACT PERSON TELEF	HONE	E-MAIL ADDRESS	_	
MEDIA TYPE	FILENAME		FILET	YPE
	AIL			H 🗌 FL
MEDIA TYPE	FILENAME		FILET	YPE
	AIL		ΠA	H 🗌 FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)				

R= RERUN (Overrides previously loaded data) A=ADDITIONAL (Add more data received) N=NEW FILE (neither rerun nor additional)

UPDATE			CHECK AS APP	PLICABLE		
1			OWNERS] ALL DISABLEI	D VETERANS	
2	PROCESSED MCL #1			-	ILED CLAIMS SEPARATELY	INCLUDES DISABLED VETERANS
3	MCL #2 RETURNED DATA	LATE FILED			ILED CLAIMS SEPARATELY	INCLUDES DISABLED VETERANS
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY				

NOTES		
	USE!	
	THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION	