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 | DATE SUBMITTED | | | |
|--|-----------|---------------|----------------|-------|-----|------|
| | | | | | | |
| MAILING ADDRESS (STREET ADDRESS OR PO BOX) | CITY | | STATE | ZIP | | |
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| CONTACT PERSON | TELEPHONE | _ | E-MAIL ADDRESS | | | |
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| MEDIA TYPE | | FILENAME | | FILET | YPE | |
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| MEDIA TYPE | | | | FILET | YPE | |
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| 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 APPLICABLE | | | | |
|--------|------------------------|---|--|--|--|--|
| 1 | | ALL HOMEOWNERS ALL DISABLED VETERANS | | | | |
| 2 | PROCESSED MCL #1 | LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERANS | | | | |
| 3 | MCL #2 RETURNED DATA | LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERANS | | | | |
| FINAL | MCL #3 - NO NEW CLAIMS | DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY | | | | |

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| THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION | | | | | | |
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