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MEDIA TRANSMITTAL FORM
HOMEOWNERS' EXEMPTION CLAIM RECORDS

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



STATE OF CALIFORNIA
BOARD OF EQUALIZATION
www.boe.ca.gov

Form fields: COUNTY, COUNTY NUMBER, DATE SUBMITTED, MAILING ADDRESS, CITY, STATE, ZIP, CONTACT PERSON, TELEPHONE, E-MAIL ADDRESS, MEDIA TYPE, FILENAME, FILETYPE.

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)

Table with columns: UPDATE, CHECK AS APPLICABLE. Rows include: 1 INITIAL SUBMISSION, 2 PROCESSED MCL #1, 3 MCL #2 RETURNED DATA, FINAL MCL #3 - NO NEW CLAIMS.

NOTES

THIS IS A SAMPLE! DO NOT USE!

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

