MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

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	
CONTACT PERSON T		_	E-MAIL ADDRESS		-
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MEDIA TYPE		FILENAME		FILET	YPE
CD/DVD CARTRIDGE DISKETTE SECURI	E E-MAIL				∖H □FL
MEDIA TYPE		FILENAME		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		Λ	CHECK AS	APPLICABLE		
1	INITIAL SUBMISSION		ALL HOMEOWNERS	ALL DISABLED VETERANS		
2	PROCESSED MCL #1		LATE FILED CLAIMS	LATE FILED CLAIMS INCLUDES PROVIDED SEPARATELY DISABLED VETERANS		
3	MCL #2 RETURNED DATA		LATE FILED CLAIMS INCLUDED ON MCL	LATE FILED CLAIMS INCLUDES PROVIDED SEPARATELY DISABLED VETERANS		
FINAL	MCL #3 - NO NEW CLAIMS	#3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY				

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	THIS DOCUM	IENT IS NOT SUB.	IECT TO PUBLIC INSP	PECTION	