



MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS

Brett Frazier**Madera County Assessor**

200 West 4th Street

Madera, CA 93637-3548

Phone: (559) 675-7710

Fax: (559) 675-7654

www.maderacounty.com/government/assessor

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

COUNTY		COUNTY NUMBER	DATE SUBMITTED	
MAILING ADDRESS (STREET ADDRESS OR PO BOX)		CITY	STATE	ZIP
CONTACT PERSON		TELEPHONE ()	E-MAIL ADDRESS	
MEDIA TYPE ☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL		FILENAME	FILETYPE ☐ AH ☐ FL	
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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	☐ INITIAL SUBMISSION	☐ ALL HOMEOWNERS	☐ ALL DISABLED VETERANS	
2	☐ PROCESSED MCL #1	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
3	☐ MCL #2 RETURNED DATA	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
FINAL	☐ MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY			

NOTES

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

