## 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
CONTACT PERSON TELEPHONE		E-MAIL ADDRESS		
MEDIA TYPE	FILENAME		FILET	YPE
🗌 CD/DVD 📋 CARTRI <mark>D</mark> GE 📋 DISKETTE 📋 SECURE E-MAIL				H 🗌 FL
MEDIA TYPE	FILENAME		FILET	YPE
				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		С	HECK AS APP	PLICABLE			
1		ALL HOMEO	WNERS	] ALL DISABLED	VETERANS		
2	PROCESSED MCL #1	LATE FILED		LATE FI	LED CLAIMS SEPARATELY		NCLUDES DISABLED VETERANS
3	MCL #2 RETURNED DATA	LATE FILED		LATE FI PROVIDED S	LED CLAIMS SEPARATELY		NCLUDES DISABLED VETERANS
FINAL	MCL #3 - NO NEW CLAIMS	DO NO	DT INCLUDE N	NEW CLAIMS - RE	TURN PROCE	SSED M	CL ONLY

NOTES	D	U	IN		
			SE		
			SUBJECT TO PU	BLIC INSPECTION	