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 BO)	X)	0	CITY		STATE	ZIP
CONTACT PERSON		TELEPHONE		E-MAIL ADDRESS		
MEDIA TYPE		FI	LENAME		FILETY	YPE
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MEDIA TYPE		FI			FILETY	YPE
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PROCESS TYPE (IF NEITHER R NOR A IS CHECKED	D DATA IS PROCESSED AS NEW)					

R= RERUN (Overrides previously loaded data) A=ADDITIONAL (Add more data received) N=NEW FILE (neither rerun nor additional)

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UPDATE		C	HECK AS APPLI	CABLE		
1		ALL HOMEO		ALL DISABLED VETERANS		
2	PROCESSED MCL #1	LATE FILED		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS
3	MCL #2 RETURNED DATA	LATE FILED		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS
FINAL	MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY					

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