



Joaquin Torres
Assessor-Recorder
1 Dr. Carlton B. Goodlett Place
City Hall - Room 190
San Francisco, CA 94102-4698

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 including: 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: INITIAL SUBMISSION, PROCESSED MCL #1, MCL #2 RETURNED DATA, FINAL.

NOTES

THIS IS A SAMPLE! DO NOT USE!

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

