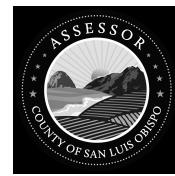


**MEDIA TRANSMITTAL FORM  
HOMEOWNERS' EXEMPTION CLAIM RECORDS**


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

**Office of Tom J. Bordonaro, Jr.  
San Luis Obispo County Assessor**  
County Government Center  
1055 Monterey Street, Suite D360  
San Luis Obispo, CA 93408  
Telephone (805) 781-5643  
Fax: (805) 781-5641  
Email: Assessor@co.slo.ca.us  
Web Site: slocounty.ca.gov/assessor



|   |   |   |  |   |  |
|---|---|---|--|---|--|
| COUNTY  |   | COUNTY NUMBER   | DATE SUBMITTED   |   |  |
| MAILING ADDRESS (STREET ADDRESS OR PO BOX)  |   | CITY  | STATE  | ZIP   |  |
| CONTACT PERSON  |   | TELEPHONE ( )   | E-MAIL ADDRESS   |   |  |
| MEDIA TYPE  |   | <input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL | FILENAME   | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |  |
| MEDIA TYPE  |   | <input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL | FILENAME   | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |  |
| PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)  |   |   |  |   |  |
| <input type="checkbox"/> R=RERUN (Overrides previously loaded data) <input type="checkbox"/> A=ADDITIONAL (Add more data received) <input type="checkbox"/> N=NEW FILE (neither rerun nor additional) |   |   |  |   |  |
| UPDATE  | CHECK AS APPLICABLE                             |   |  |   |  |
| 1   | <input type="checkbox"/> INITIAL SUBMISSION     | <input type="checkbox"/> ALL HOMEOWNERS   | <input type="checkbox"/> ALL DISABLED VETERANS                 |   |  |
| 2   | <input type="checkbox"/> PROCESSED MCL #1       | <input type="checkbox"/> LATE FILED CLAIMS INCLUDED ON MCL  | <input type="checkbox"/> LATE FILED CLAIMS PROVIDED SEPARATELY | <input type="checkbox"/> INCLUDES DISABLED VETERANS                 |  |
| 3   | <input type="checkbox"/> MCL #2 RETURNED DATA   | <input type="checkbox"/> LATE FILED CLAIMS INCLUDED ON MCL  | <input type="checkbox"/> LATE FILED CLAIMS PROVIDED SEPARATELY | <input type="checkbox"/> INCLUDES DISABLED VETERANS                 |  |
| FINAL   | <input type="checkbox"/> MCL #3 - NO NEW CLAIMS | DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY   |  |   |  |

NOTES

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

