

**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		<input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL	FILENAME	FILETYPE <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 <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**



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