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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

COUNTY		COUNTY NUMBER	DATE SUBMITTED	
MAILING ADDRESS (STREET ADDRESS OR PO BOX)		CITY	STATE	ZIP
CONTACT PERSON		TELEPHONE ()	E-MAIL ADDRESS	
MEDIA TYPE ☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL		FILENAME	FILETYPE ☐ AH ☐ FL	
MEDIA TYPE ☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL		FILENAME	FILETYPE ☐ AH ☐ 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	CHECK AS APPLICABLE			
1	☐ INITIAL SUBMISSION	☐ ALL HOMEOWNERS	☐ ALL DISABLED VETERANS	
2	☐ PROCESSED MCL #1	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
3	☐ MCL #2 RETURNED DATA	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
FINAL	☐ MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY		

NOTES

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

