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	CITY		STATE	ZIP		
CONTACT PERSON TEL		TELEPHONE	E-MAIL ADDRESS			
MEDIA TYPE			FILENAME	-	FILET	YPE
🗌 CD/DVD 📋 CARTRI <mark>D</mark> GE 📋	DISKETTE DI SECUR	F F-MAII				.H ∏FL
MEDIA TYPE			FILENAME		FILET	YPE
CD/DVD CARTRIDGE	DISKETTE D SECUR	E F-MAIL				.H ∏FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKE	ED 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		ALL HOMEOWNERS ALL DISABLED VETERANS					
2	PROCESSED MCL #1	LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERANS					
3	MCL #2 RETURNED DATA	LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERANS					
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY					

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