## 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



## STATE OF CALIFORNIA BOARD OF EQUALIZATION www.boe.ca.gov

|   | COUNTY NUMBER           | DATE SUBMITTED   |  |   |   |  |  |  |
|---|-------------------------|--|--|---|---|--|--|--|
|   |                         |  |  |   |   |  |  |  |
|   | CITY                    |  | STATE  | ZIP   |   |  |  |  |
|   |                         |  |  |   |   |  |  |  |
| TELEPHONE   |                         | E-MAIL ADDRESS   |  |   |   |  |  |  |
| ( )   |                         |  |  |   |   |  |  |  |
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| CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL   |                         |  | A  | -1  | 🗌 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) |                         |  |  |   |   |  |  |  |
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|   | ( )<br>E-MAIL<br>E-MAIL | CITY<br>CITY<br>CITY<br>E-MAIL<br>FILENAME<br>FILENAME<br>FILENAME | TELEPHONE E-MAIL ADDRESS   () FILENAME   E-MAIL FILENAME   E-MAIL FILENAME | CITY STATE   TELEPHONE E-MAIL ADDRESS   () FILENAME   E-MAIL FILENAME   FILENAME FILETY   E-MAIL FILENAME | CITY STATE ZIP   TELEPHONE<br>() E-MAIL ADDRESS FILENAME   E-MAIL FILENAME FILETYPE   E-MAIL FILENAME FILETYPE   E-MAIL FILENAME FILETYPE |  |  |  |

| UPDATE | CHECK AS APPLICABLE    |   |                               |  |  |  |
|--------|------------------------|---|-------------------------------|--|--|--|
| 1      | INITIAL SUBMISSION     | ALL HOMEOWNERS ALL DISABLED VETERANS  |                               |  |  |  |
| 2      | PROCESSED MCL #1       | LATE FILED CLAIMS   LATE FILED CLAIMS     INCLUDED ON MCL   PROVIDED SEPARATELY | INCLUDES<br>DISABLED VETERANS |  |  |  |
| 3      | MCL #2 RETURNED DATA   | LATE FILED CLAIMS LATE FILED CLAIMS PROVIDED SEPARATELY                         | INCLUDES<br>DISABLED VETERANS |  |  |  |
| FINAL  | MCL #3 - NO NEW CLAIMS | DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY                           |                               |  |  |  |

NOTES