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			
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MEDIA TYPE		FILENAME		FILET	YPE	
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL				ΠA	Н	🗌 FL
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CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL				ΠA	Н	🗌 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 DIS	SABLED VETERANS		
2	PROCESSED MCL #1		ATE FILED CLAIMS INCLUDES /IDED SEPARATELY DISABLED VETERANS		
3	MCL #2 RETURNED DATA		ATE FILED CLAIMS INCLUDES DISABLED VETERANS		
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY			

NOTES