



EL DORADO COUNTY
JON DEVILLE, ASSESSOR

360 FAIR LN.
 PLACERVILLE, CA 95667
 TEL. 530-621-5719

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 <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)

R=RERUN (Overrides previously loaded data) A=ADDITIONAL (Add more data received) 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

