

**MEDIA TRANSMITTAL FORM**  
**HOMEOWNERS' EXEMPTION CLAIM RECORDS**



**Shelly Scott**  
**Assessor-Recorder-County Clerk**  
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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<br>(      )                           | E-MAIL ADDRESS   |  |   |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL   |   | FILENAME   |  | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL   |   | FILENAME   |  | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |
| PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)<br><input type="checkbox"/> R=RERUN (Overrides previously loaded data) <input type="checkbox"/> A=ADDITIONAL (Add more data received) <input type="checkbox"/> 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**

