



MERCED COUNTY
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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)				
<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

