BOE-266-MEDIA REV. 04 (03-10)

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			
					1	
MAILING ADDRESS (STREET ADDRESS OR PO BOX)		CITY		STATE	ZIP	
CONTACT PERSON	TELEPHONE		E-MAIL ADDRESS			
			FILENAME		ype H	□ FL
	E E-MAIL	FILENAME				□ FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW) R= RERUN (Overrides previously loaded data) A=ADDI		d more data receiv	/ed) □ N=NEW FILE	E (neither reru	n nor a	additional)

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