



# **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*

**Claude Parrish**  
**Orange County Assessor**  
500 S. Main Street, First Floor, Suite 103  
Orange, CA 92868-4512  
or  
P. O. Box 22000  
Santa Ana, CA 92702-2000  
(714) 834-2746  
[www.ocassessor.gov](http://www.ocassessor.gov)



**STATE OF CALIFORNIA  
BOARD OF EQUALIZATION**  
[www.boe.ca.gov](http://www.boe.ca.gov)

|  |  |                    |   |     |
|--|--|--------------------|---|-----|
| 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)   |  |                    |   |     |
| <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**

