EF-266-MEDIA-R04-0310-33000107-1 BOE-266-MEDIA REV. 04 (03-10)

MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS



Peter Aldana Assessor-County Clerk-Recorder

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County of Riverside

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



CONTACT PERSON TELEPHONE () MEDIA TYPE CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL TELEPHONE () TELEPHONE () FILENAME FILENAME AH FL	COUNTY	·			COUNTY NUMBER	DATE SUBMITTED				
CONTACT PERSON TELEPHONE () MEDIA TYPE CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW) CHECK AS APPLICABLE 1 INITIAL SUBMISSION ALL HOMEOWNERS ALL DISABLED VETERANS 2 PROCESSED MCL #1 LATE FILED CLAIMS PROVIDED SEPARATELY DISABLED VETERANS 3 MCL #2 RETURNED DATA LATE FILED CLAIMS PROVIDED SEPARATELY DISABLED VETERANS INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERANS FINAL MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY										
MEDIATYPE	MAILING ADDRESS (STREET ADDRESS OR PO BOX)				CITY			STATE	ZIP	
□ CD/DVD □ CARTRIDGE □ DISKETTE □ SECURE E-MAIL □ FILETYPE □ AH □ AH	CONTACT PER	SON		E-MAIL ADDRESS						
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL 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 addition. UPDATE CHECK AS APPLICABLE 1 INITIAL SUBMISSION ALL HOMEOWNERS ALL DISABLED VETERANS 2 PROCESSED MCL #1 LATE FILED CLAIMS PROVIDED SEPARATELY DISABLED VETERANS 3 MCL #2 RETURNED DATA LATE FILED CLAIMS PROVIDED SEPARATELY DISABLED VETERANS FINAL MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY	MEDIA TYPE	/D CARTRIDGE DISKE	FILENAME							
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	3	☐ MCL #2 RETURNED DATA	☐ LATE FILE	D CLAIMS	☐ LATE	FILED CLAIMS	ш			TERANS
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

