

**Joaquín Torres****Assessor-Recorder**

1 Dr. Carlton B. Goodlett Place
City Hall - Room 190
San Francisco, CA 94102-4698

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

