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			
MAILING ADDRESS (STREET ADDRESS OR PO BOX)		CITY		STATE	ZIP	
CONTACT PERSON	TELEPHONE		E-MAIL ADDRESS			
		FILENAME	I	FILET		□ FL
		FILENAME		FILET		□ FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW) R= RERUN (Overrides previously loaded data) A=ADDIT	IONAL (Add	I more data receiv	ved) 🔲 N=NEW FILE (neit	her reru	n nor	additional)

UPDATE	CHECK AS APPLICABLE				
1	INITIAL SUBMISSION	ALL HOMEOWNERS ALL DIS	SABLED VETERANS		
2	PROCESSED MCL #1		ATE FILED CLAIMS INCLUDES /IDED SEPARATELY DISABLED VETERANS		
3	MCL #2 RETURNED DATA		ATE FILED CLAIMS INCLUDES DISABLED VETERANS		
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY			

NOTES