


**COUNTY OF ALAMEDA  
PHONG LA, ASSESSOR**

1221 Oak St., Rm 145  
Oakland, Ca. 94612-4288  
(510) 272-3787 Fax (510) 272-3803  
[www.acgov.org/assessor](http://www.acgov.org/assessor)

**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](http://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**

