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 SU	BMISSION	ALL HO	MEOWNERS		ALL DISABLED VETERANS			
2	PROCESS	ED MCL #1		LED CLAIMS DED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS	
3	MCL #2 RETUR	NED DATA		LED CLAIMS DED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS	
FINAL	MCL #3 - NO NE	W CLAIMS	S DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY						

NOTES