## 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			
	( )					
MEDIA TYPE	·	FILENAME	·	FILET	YPE	
			DA	Н	🗌 FL	
MEDIA TYPE		FILENAME		FILET	YPE	
			DA	Н	🗌 FL	
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)						
R= RERUN (Overrides previously loaded data) A=ADDI	TIONAL (Add	d more data receiv	/ed) 🔲 N=NEW FILE (nei	ither reru	n nor	additional)

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UPDATE	CHECK AS APPLICABLE								
1		SUBMISSION		ALL HOMEOWNERS		ALL DISABLED VETERANS			
2		ESSED MCL #1		LATE FILED CLAIMS INCLUDED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS	
3	MCL #2 RE	TURNED DATA		LATE FILED CLAIMS INCLUDED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS	
FINAL	🗌 MCL #3 - NC	MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY							

NOTES