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 Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512

or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746 www.ocassessor.gov

> 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		FILENAME		FILET	YPE	
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL				ΠA	H	🗌 FL
MEDIA TYPE		FILENAME		FILET	YPE	
CD/DVD CARTRIDGE DISKETTE SECURE	EE-MAIL				H	🗌 FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)						
R= RERUN (Overrides previously loaded data) A=ADDIT	FIONAL (Add	I more data receiv	red) 🔲 N=NEW FILE (neith	ner reru	n nor a	dditional)

UPDATE		CHECK AS	APPL	ICABLE	
1	INITIAL SUBMISSION	ALL HOMEOWNERS		ALL DISABLED VETERANS	
2	PROCESSED MCL #1	LATE FILED CLAIMS INCLUDED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY	INCLUDES DISABLED VETERANS
3	MCL #2 RETURNED DATA	LATE FILED CLAIMS INCLUDED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY	INCLUDES DISABLED VETERANS

MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY

FINAL

NOTES

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION