



**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

**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

|   |  |                  |   |     |
|---|--|------------------|---|-----|
| COUNTY  |  | COUNTY NUMBER    | DATE SUBMITTED  |     |
| MAILING ADDRESS (STREET ADDRESS OR PO BOX)  |  | CITY             | STATE   | ZIP |
| CONTACT PERSON  |  | TELEPHONE<br>( ) | E-MAIL ADDRESS  |     |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL |  | FILENAME         | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |     |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL |  | FILENAME         | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |     |

PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)

R=RERUN (Overrides previously loaded data)  A=ADDITIONAL (Add more data received)  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**

