

# **MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS**


**Josie Gonzales**
**Assessor-Recorder-County Clerk**

San Bernardino County  
222 W. Hospitality Lane, 4th Floor  
San Bernardino, CA 92415-0311  
arc.sbcounty.gov  
909-387-8307 or 1-877-885-7654

*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 ( )	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**

