EF-266-MEDIA-R04-0310-50000062-1 BOE-266-MEDIA REV. 04 (03-10)



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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



	acramento, CA 94279-0004									
COUNTY				COUNTY NUME	ER DATE SUBMITTED					
MAII INC ADDO	IESS (STREET ADDRESS OF TO TOW			CITY			CTATE	ZIP		
IVIAILING ADDR	ESS (STREET ADDRESS OR PO BOX)			CITY			STATE	ZIP		
CONTACT PER	SON		TELEPHONE		E-MAIL ADDRESS					
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MEDIATYPE					FILENAME			FILETYPE		
☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL MEDIA TYPE					FILENAME				□ FL	
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	E (IF NEITHER R NOR A IS CHECKED, DATA IS									
R= RE	ERUN (Overrides previously loaded	data) 🗌 A=ADDIT	TIONAL (Ad	d more data red	eived) N=NEW	FILE (neither reru	ın nor	addition	
UPDATE			CHECK AS	APPLICABLE						
1	☐ INITIAL SUBMISSION	☐ ALL HOME		ALL DISABLED VETERANS						
2	PROCESSED MCL#1	☐ ALL HOMEOWNERS ☐ LATE FILED CLAIMS		☐ LATE FILED CLAIMS			INCLUDES			
2	☐ FROCESSED WICL#1		D ON MCL	_	DED SEPARATELY		DISABLE		TERANS	
3	☐ MCL #2 RETURNED DATA	☐ LATE FILE	D CLAIMS		ATE FILED CLAIMS	П	INCLUDE	S		
	_		D ON MCL		DED SEPARATELY		DISABLE	D VE	TERANS	
FINAL	☐ MCL #3 - NO NEW CLAIMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY									

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

