## 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



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					H	🗌 FL
MEDIA TYPE		FILENAME		FILET	YPE	
CD/DVD CARTRIDGE DISKETTE SECURE	EE-MAIL				Н	🗌 FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)		·				
R= RERUN (Overrides previously loaded data) A=ADDI	「IONAL (Ad	d more data receiv	/ed) 🔲 N=NEW FILE (neith	ner reru	n nor	additional)

UPDATE	CHECK AS APPLICABLE					
1	INITIAL SUBMISSION	ALL HOMEOWNERS ALL DISABLED VETERANS				
2	PROCESSED MCL #1		DES LED VETERANS			
3	MCL #2 RETURNED DATA		DES LED VETERANS			
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY				

NOTES