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)		СІТҮ		STATE	ZIP	
CONTACT PERSON	TELEPHONE		E-MAIL ADDRESS			
	FILENAME				□ FL	
	FILENAME				🗌 FL	
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)	FIONAL (Add	I more data receiv	ved) 🔲 N=NEW FILE (neith	ner rerui	n nor	additional)

UPDATE	CHECK AS APPLICABLE						
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
FINAL	MCL #3 - NO NEW CLAIMS	IMS DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY					

NOTES THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION