MEDIA TRANSMITTAL FORM



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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

HOMEOWNERS' EXEMPTION CLAIM RECORDS



COUNTY		COUNTY NUMBER	DATE SUBMITTED			
MAILING ADDRESS (STREET ADDRESS OR PO BOX)	CITY	STATE	ZIP			
CONTACT PERSON	TELEPHONE	E-MAIL ADDRESS				
	FILENAME	I	FILET	··· =	□ FL	
	FILENAME		FILET	··· =	□FL	
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW) R= RERUN (Overrides previously loaded data) A=ADDIT	FIONAL (Add	d more data receiv	ved) 🔲 N=NEW FILE (nei	ther reru	in 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	МС	CL #2 RETURNED DATA		LATE FILED CLAIMS INCLUDED ON MCL		LATE FILED CLAIMS PROVIDED SEPARATELY		INCLUDES DISABLED VETERANS
FINAL		#3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY					

NOTES