MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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



COUNTY	COUNTY NUMBER	DATE SUBMITTED	
MAILING ADDRESS (STREET ADDRESS OR PO BOX)	CITY		STATE ZIP
CONTACT PERSON TELEPHON	E _	E-MAIL ADDRESS	
MEDIA TYPE	FILENAME		FILETYPE
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL			AH DFL
MEDIA TYPE	FILENAME		FILETYPE
			AH 🗌 FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)			· · · ·

R= RERUN (Overrides previously loaded data) A=ADDITIONAL (Add more data received) N=NEW FILE (neither rerun nor additional)

UPDATE			CHECK AS	S APPLICABLE	
1			ALL HOMEOWNERS	ALL DISABLED VETERANS	
2	PROCESSED MCL #1		LATE FILED CLAIMS INCLUDED ON MCL		
3	MCL #2 RETURNED DATA		LATE FILED CLAIMS INCLUDED ON MCL	LATE FILED CLAIMS INCLUDES PROVIDED SEPARATELY DISABLED VETERANS	
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY			

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	THIS DOCUMENT IS NOT S	SUBJECT TO PUBLIC INSPECTIO	N	