BOE-266-MEDIA REV. 04 (03-10)

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



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			ΠA	H 🗌 FL
MEDIA TYPE		FILENAME		FILET	YPE
	SECURE E-MAIL			ΠA	H 🗌 FL
PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCE	SSED AS NEW)				

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

UPDATE		CHECK AS A	APPLICABLE			
1		ALL HOMEOWNERS	ALL DISABLED VETERANS			
2	PROCESSED MCL #1	LATE FILED CLAIMS	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	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY				

NOTES	
USE!	
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION	