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		
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MEDIA TYPE		FILENAME		FILET	YPE
CD/DVD CARTRIDGE DISKETTE SECURE	EE-MAIL				H 🗌 FL
MEDIA TYPE		FILENAME		FILET	YPE
	EE-MAIL			DA	H 🗌 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 APPLICABLE					
1		ALL HOMEOWNERS ALL DISABLED VETERANS					
2	PROCESSED MCL #1	LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES	٧S				
3	MCL #2 RETURNED DATA	LATE FILED CLAIMS LATE FILED CLAIMS INCLUDES INCLUDED ON MCL PROVIDED SEPARATELY DISABLED VETERAN	٧S				
FINAL	MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY					

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