## 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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PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)						
R= RERUN (Overrides previously loaded data) A=ADDI	TIONAL (Add	more data receiv	/ed) 🗌 N=NEW FILE	(neither reru	in nor ad	ditional)

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

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