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MEDIA TRANSMITTAL FORM
HOMEOWNERS' EXEMPTION CLAIM RECORDS

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*



STATE OF CALIFORNIA
BOARD OF EQUALIZATION
 www.boe.ca.gov

COUNTY	COUNTY NUMBER	DATE SUBMITTED
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MAILING ADDRESS (STREET ADDRESS OR PO BOX)	CITY	STATE	ZIP
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CONTACT PERSON	TELEPHONE ()	E-MAIL ADDRESS
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MEDIA TYPE <input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL	FILENAME	FILETYPE <input type="checkbox"/> AH <input type="checkbox"/> FL
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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=ADDITIONAL (Add more data received) N=NEW FILE (neither rerun nor additional)

UPDATE	CHECK AS APPLICABLE		
1	<input type="checkbox"/> INITIAL SUBMISSION	<input type="checkbox"/> ALL HOMEOWNERS	<input type="checkbox"/> ALL DISABLED VETERANS
2	<input type="checkbox"/> PROCESSED MCL #1	<input type="checkbox"/> LATE FILED CLAIMS INCLUDED ON MCL	<input type="checkbox"/> LATE FILED CLAIMS PROVIDED SEPARATELY <input type="checkbox"/> INCLUDES DISABLED VETERANS
3	<input type="checkbox"/> MCL #2 RETURNED DATA	<input type="checkbox"/> LATE FILED CLAIMS INCLUDED ON MCL	<input type="checkbox"/> LATE FILED CLAIMS PROVIDED SEPARATELY <input type="checkbox"/> INCLUDES DISABLED VETERANS
FINAL	<input type="checkbox"/> MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY	

NOTES

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

