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		
	FILENAME		FILET	YPE
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL				H 🗌 FL
	FILENAME		FILET	YPE
				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		Λ	CHECK AS	S APPLICABLE	
1			ALL HOMEOWNERS	ALL DISABLED VETERANS	
2	PROCESSED MCL #1		LATE FILED CLAIMS	LATE FILED CLAIMS INCLUDES PROVIDED SEPARATELY DISABLED VETERANS	
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 SUB.	JECT TO PUBLIC INSPECTION	