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 TELEPH	NE E-MAIL ADDRESS					
MEDIA TYPE	FILENAME					
☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MA						
MEDIA TYPE	FILENAME					
CD/DVD CARTRIDGE DISKETTE SECURE E-MA						
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		CABLE			
1			ALL HOMEOWNERS		ALL DISABLE	ED VETERA	NS	
2	PROCESSED MCL #1		LATE FILED CLAIMS			FILED CLAIN SEPARATE		INCLUDES DISABLED VETERANS
3	MCL #2 RETURNED DATA		LATE FILED CLAIMS INCLUDED ON MCL			FILED CLAIN SEPARATE		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				