



**Cynthia L. Froggatt**  
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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](http://www.boe.ca.gov)

|  |  |                  |   |     |
|--|--|------------------|---|-----|
| COUNTY   |  | COUNTY NUMBER    | DATE SUBMITTED  |     |
| MAILING ADDRESS (STREET ADDRESS OR PO BOX)   |  | CITY             | STATE   | ZIP |
| CONTACT PERSON   |  | TELEPHONE<br>( ) | E-MAIL ADDRESS  |     |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL  |  | FILENAME         | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |     |
| MEDIA TYPE<br><input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL  |  | FILENAME         | FILETYPE<br><input type="checkbox"/> AH <input type="checkbox"/> FL |     |
| PROCESS TYPE (IF NEITHER R NOR A IS CHECKED, DATA IS PROCESSED AS NEW)<br><input type="checkbox"/> R= RERUN (Overrides previously loaded data) <input type="checkbox"/> A=ADDITIONAL (Add more data received) <input type="checkbox"/> 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**

