MEDIA TRANSMITTAL FORM HOMEOWNERS' EXEMPTION CLAIM RECORDS



Glenn Zook Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

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 TELEPHO	NE E-MAIL ADDRESS
MEDIA TYPE	FILENAME
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL	
MEDIA TYPE	FILENAME
CD/DVD CARTRIDGE DISKETTE SECURE E-MAIL	
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			FILED CLAIN SEPARATE		INCLUDES 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 SUBJECT TO PUBLIC INSPECTION				