



Glenn Zook

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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)                                                                                                                                 |  |                  |                                                                     |     |
| <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

