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			
	()					
MEDIA TYPE		FILENAME		FILET	YPE	
CD/DVD CARTRIDGE DISKETTE SECURE	E-MAIL				H	🗌 FL
MEDIA TYPE		FILENAME		FILET	YPE	
	E-MAIL				Н	🗌 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	ICL #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				