

**MEDIA TRANSMITTAL FORM  
HOMEOWNERS' EXEMPTION CLAIM RECORDS**



**STATE OF CALIFORNIA  
BOARD OF EQUALIZATION**  
www.boe.ca.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	TELEPHONE ( )	E-MAIL ADDRESS		
MEDIA TYPE <input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL	FILENAME	FILETYPE <input type="checkbox"/> AH <input type="checkbox"/> FL		
MEDIA TYPE <input type="checkbox"/> CD/DVD <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> DISKETTE <input type="checkbox"/> SECURE E-MAIL	FILENAME	FILETYPE <input type="checkbox"/> AH <input type="checkbox"/> 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	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