BOE-266-MEDIA REV. 04 (03-10)

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	FILENAME	FILETYPE
☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL		☐ AH ☐ FL
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☐ CD/DVD ☐ CARTRIDGE ☐ DISKETTE ☐ SECURE E-MAIL		☐ AH ☐ 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	☐ INITIAL SUBMISSION	☐ ALL HOMEOWNERS	☐ ALL DISABLED VETERANS	
2	☐ PROCESSED MCL #1	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
3	☐ MCL #2 RETURNED DATA	☐ LATE FILED CLAIMS INCLUDED ON MCL	☐ LATE FILED CLAIMS PROVIDED SEPARATELY	☐ INCLUDES DISABLED VETERANS
FINAL	☐ MCL #3 - NO NEW CLAIMS	DO NOT INCLUDE NEW CLAIMS - RETURN PROCESSED MCL ONLY		

NOTES

SAMPLE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION