

**CITY OF EL PASO, TEXAS  
AGENDA ITEM  
DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:**

**AGENDA DATE:**

**PUBLIC HEARING DATE:**

**CONTACT PERSON NAME:**

**PHONE NUMBER:**

**DISTRICT(S) AFFECTED:**

**STRATEGIC GOAL:**

**SUBGOAL:**

**SUBJECT:**

**BACKGROUND / DISCUSSION:**

**COMMUNITY AND STAKEHOLDER OUTREACH:**

**PRIOR COUNCIL ACTION:**

**AMOUNT AND SOURCE OF FUNDING:**

**REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:**

NAME	AMOUNT (\$)

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

*Maia O. Pasillas*


(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS OVER \$2,500  
March 4, 2025

1. Ocotillo Management, LLC, in the amount of \$10,991.31, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo.# E014-999-1000-0100)
2. Priscilla Pereira, in the amount of \$3,583.77, made an overpayment on January 29, 2025, of 2024 taxes.  
(Geo.# V893-999-5710-5300)
3. American Multi-Cinema Inc., in the amount of \$3,816.07, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# 16PP-999-0401-8042)
4. American Multi-Cinema Inc., in the amount of \$8,159.15, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# 2000-999-1909-0034)
5. Robert Urrea, in the amount of \$7,570.22, made an overpayment on December 26, 2023 of 2023 taxes.  
(Geo.# 2003-999-3976-0034)
6. Edmundo Rodriguez, in the amount of \$3,758.79, made an overpayment on January 24, 2025 of 2024 taxes.  
(Geo.# C776-999-0000-0300)
7. Adriana Renteria, in the amount of \$3,000.00, made an overpayment on January 29, 2025 of 2024 taxes.  
(Geo.# R576-999-0100-3000)
8. Adela Lozano, in the amount of \$2,957.21, made an overpayment on January 30, 2025 of 2024 taxes.  
(Geo.# V893-999-1080-4100)
9. Cabralez Ruben & Angelica O, in the amount of \$3,861.44, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# X239-000-000A-0010)
10. Jacob A. Cope, in the amount of \$22,357.12, made an overpayment on January 29, 2025 of 2024 taxes.  
(Geo.# Y855-999-0020-0400)
11. Valenzuela Raul, in the amount of \$12,114.26, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo.# P327-999-0060-2100)

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Laura D. Prine  
City Clerk

  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor Collector



CITY TAX OFFICE

FEB 10 2025

MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

OCOTILLO MANAGEMENT, LLC  
421 FREDERICK RD  
EL PASO, TX 79905-1808

Geo No. E014-999-1000-0100	Prop ID 88260
<b>Legal Description of the Property</b> 100 EAST EL PASO 75 FT OF 1 TO 5 & 75 FT OF S 15 FT OF 6 BEG 58 FT W OF SEC (10500 SQ FT)	
3125 PERSHING DR 79903	
OWNER: HZ VENTURES LLC	

OP  
+2500

2024 OVERAGE AMOUNT \$10,991.31

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Ocotillo Management</u>			
	Address: <u>421 Frederick Rd</u>			
	City, State, Zip: <u>El Paso, TX 79905</u>			
	Daytime Phone No.: <u>915-490-8818</u>	E-Mail Address: <u>accounting@ocosw.com</u>		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	01772	01/31/2025	\$184,435.05
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/>	I want this payment applied to next year's taxes.		
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE		
	<u>[Signature]</u>	<u>Abril Lechuga 2/5/2025</u>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>NLS</u>	Date: <u>2-10-25</u>



CITY TAX OFFICE

FEB 10 2025

MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. V893-999-5710-5300	Prop ID 164033
Legal Description of the Property 571 VISTA DEL SOL #151 LOT 53 (7224.85 SQ FT)  1168 MORGAN MARIE ST 79936  OWNER: PEREIRA PRISCILLA	

PRISCILLA PEREIRA  
1168 MORGAN MARIE ST  
EL PASO, TX 79936

OP  
+2500

2024 OVERAGE AMOUNT \$3,583.77

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 9: SOCORRO ISD

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Priscilla Pereira			
	Address: 1168 Morgan Marie St.			
	City, State, Zip: El Paso TX 79936			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	(915) 309-4607	E-Mail Address: pereira.p@elcity.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment	CC006783993	01/29/2025	\$3,583.77
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED) Priscilla Pereira		PRINTED NAME & DATE Priscilla Pereira 2/10/25	
TAX OFFICE USE ONLY:		<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N/A Date: 2-10-25



TAX OFFICE RECEIVED

FEB 10 2025

MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. 16PP-999-0401-8042	Prop ID 663520
Legal Description of the Property INV FURN MACH CMP SIGN 8300 E GATEWAY BLVD-200	
OWNER: AMERICAN MULTI-CINEMA INC	

AMERICAN MULTI-CINEMA INC  
ATTN: TAX DEPARTMENT #07580  
11500 ASH ST  
LEAWOOD , KS 66211-7804

OP  
+2500

2024 OVERAGE AMOUNT \$3,816.07

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: American Multi - Cinema, Inc.			
	Address: 11500 Ash St.			
	City, State, Zip: Leawood, KS 66211			
	Daytime Phone No.:	(913) 213-2527	E-Mail Address: kkatzer@amctheatres	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	84896209	01/28/2025	\$9,514.76
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/>	I want this payment applied to next year's taxes.		
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	Kristen Katzer		Kristen Katzer 2/10/25	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: NIK Date: 2-10-25				

TAX OFFICE RECEIVED

FEB 10 2025



MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

AMERICAN MULTI-CINEMA INC  
C/O TAX DEPT. #44820  
11500 ASH ST  
LEAWOOD , KS 66211-7804

OP  
+2500

Geo No. 2000-999-1909-0034	Prop ID 501639
Legal Description of the Property INV CMP MACH SIGN FURN  9840 N GATEWAY BLVD	
OWNER: AMERICAN MULTI-CINEMA INC	

2024 OVERAGE AMOUNT \$8,159.15

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: American Multi-Cinema, Inc.			
	Address: 11500 Ash St.			
	City, State, Zip: Leawood, KS 66211			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (913) 213-2527		E-Mail Address: kkatzer@cumctheatres.com	
	Payment made by: Check No. Date Paid Amount Paid			
	Check Payment	84896210	01/28/2025	\$28,676.88
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
	Please check one of the following:			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	Kristen Katzer		Kristen Katzer 2/10/25	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 2-10-25				



MARIA O. PASILLAS, RTA  
 CITY OF EL PASO TAX ASSESSOR COLLECTOR  
 221 N. KANSAS, STE 300  
 EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

**CITY TAX OFFICE**  
 FEB 10 2025

ROBERT URREA  
 6211 EDGEMERE BLVD  
 EL PASO, TX 79925

OP  
 +2500

Geo No. 2003-999-3976-0034	Prop ID 510577
Legal Description of the Property CMP FURN MACH SIGN 6211 EDGEMERE BLVD	
OWNER: BACK & NECK INSTITUTE	

**2023 OVERAGE AMOUNT \$7,570.22**

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

**APPLICATION FOR PROPERTY TAX REFUND:** This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name:	Robert E Urrea		
	Address:	6211 Edgemere		
	City, State, Zip:	El Paso, TX 79925		
	Daytime Phone No.:	915-491-1188	E-Mail Address:	drurrea@thebackandneck.com
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC005611327	12/26/2023	\$7,570.22
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/>	I want this payment applied to next year's taxes.		
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
E.M., 2/14/25		Robert E Urrea		
		2/6/25		

TAX OFFICE USE ONLY:  Approved  Denied By: N.H. Date: 2-10-25





TAX OFFICE RECEIVED

JAN 31 2025

MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. C776-999-0000-0300	Prop ID 38273
Legal Description of the Property CORBIN REPLAT LOT 3  105 ANITA CIR 79905	
OWNER: RODRIGUEZ EDMUNDO	

EDMUNDO RODRIGUEZ  
2928 CYPRESS  
EL PASO , TX 79905

OP  
+2500

2024 OVERAGE AMOUNT \$3,758.79

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: EDMUNDO RODRIGUEZ			
	Address: 2928 CYPRESS			
	City, State, Zip: EL PASO, TX 79905 ✓			
Daytime Phone No.:		E-Mail Address:		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment ✓	CC006707899	01/24/2025	\$3,758.79
	CHECK (TRANS ACTION)	ED6707986	1/24/25	3,758.79
<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>				
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
<b>Step 4. Sign the form.</b> Unsigned application will not be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED) <i>Edmundo Rodriguez</i>		PRINTED NAME & DATE EDMUNDO RODRIGUEZ 1/29/25	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>N.H.</i>		Date: <i>2-11-25</i>

City of El Paso Tax Office  
FEB 10 2025  
Received for

TAX OFFICE RECEIVED

FEB 14 2025

OP +2500

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: Adriana Renteria
Phone: HOME: 915 525-2009, WORK:
Property ID#: 335077
Address (mail refund to): 609 esmeralda Armendariz El Paso Tx 79
Property Address: 609 Esmeralda Armendariz, El Paso Tx 79932
Table with columns: Tax year requested, Date payment made, Check No. & Date, Amount of taxes paid, Amount of refund requested. Total amount: 7,112.38, 3,000.

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

I sent it twice by mistake

"I certify that information given to obtain this refund is true and correct."

Adriana Renteria

Date: 02/14/2025

Requestor signature:

Adriana Renteria

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.

(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

( ) REFUND APPROVED

Tax Office Approval:

N.N.

Date:

2-14-25

Date:

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached
( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
( ) Record of overpayment not found on this property.
( ) Property not found as identified, resubmit after correction.
( ) Other:

✓

TAX OFFICE RECEIVED

FEB 14 2025



MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

ADELA LOZANO  
2305 FRANK BEARD DR  
EL PASO, TX 79935

OP  
+2500

<b>Geo No.</b> V893-999-1080-4100	<b>Prop ID</b> 100331
<b>Legal Description of the Property</b> 108 VISTA DEL SOL #18 LOT 21 2305 FRANK BEARD DR 79935	
OWNER: LOZANO ADELA & LOPEZ JORGE M SR	

2024 OVERAGE AMOUNT \$2,957.21

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

**APPLICATION FOR PROPERTY TAX REFUND:** This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:				
	Name: <b>ADELA LOZANO</b>				
	Address: <b>2305 Frank Beard Dr</b>				
	City, State, Zip: <b>El Paso Tx 79912</b>				
	Daytime Phone No.:	<b>915-633-4272</b>	E-Mail Address: <b>aican20013@gmail.com</b>		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:		Check No.	Date Paid	Amount Paid
	Electronic Check		CC006807945	01/30/2025	\$2,957.21
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>				
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:				
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.				
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.				
	<input type="checkbox"/> I want this payment applied to next year's taxes.				
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )				
	SIGNATURE OF REQUESTOR (REQUIRED) <i>adela lozano</i>			PRINTED NAME & DATE <b>ADELA LOZANO</b>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>  NN  </u> Date: <u>  2-14-25  </u>					



OP  
+2500

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE  
221 N. Kansas, Suite 300  
El Paso, Texas 79901  
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

FEB 07 2025

M

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: CABRALEZ RUBEN & ANGELICA O ✓	Phone: HOME: 915-539-4998 WORK:	Property ID# (One application per account) 254103
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X239-000-000A-0010

Address (mail refund to :) 4512 LOMA LINDA CIR ✓	Property Address: And/or Legal Description: 849 TALBOT AVE
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Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	01/28/2025	CC0067 01/28/2025	\$3,861.44	\$3,861.44
2.				
3.				


TOTAL AMOUNT (sum of the above amounts)

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: ACCOUNT WAS OVERPAID ONLINE

"I certify that information given to obtain this refund is true and correct."

  
Requestor signature:

Date: 02/07/2025

Printed name: RUBEN CABRALEZ

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both. (2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry: (  ) REFUND APPROVED

Tax Office Approval: N.H Date: 2-10-25

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached
- ( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
- ( ) Record of overpayment not found on this property.
- ( ) Property not found as identified, resubmit after correction.
- ( ) Other:

E.M  
2/19/25

✓



TAX OFFICE RECEIVED

FEB 10 2025

MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

JACOB A. COPE  
9230 BILLY THE KID STREET  
EL PASO, TX 79907

OP  
+2500

Geo No. Y855-999-0020-0400	Prop ID 83439
<b>Legal Description of the Property</b> YSLETA INDUSTRIAL DIST #2 2 TO 4 & WLY PT OF 5 (110.53' ON ST - 293.83' ON ELY - 124.38' ON SLY - 306.18' ON WLY) 9230 BILLY THE KID ST 79907	
OWNER: SUN CITY RECORDS MANAGEMENT INC	

2024 OVERAGE AMOUNT \$22,357.12

1. CITY OF EL PASO, 5. YSLETA ISD, 6. COUNTY OF EL PASO, 7. EL PASO COMMUNITY COLLEGE, 8. UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>			
	Name: <i>Tyler S. Cope</i>			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address: <i>9230 Billy the Kid</i>			
	City, State, Zip: <i>El Paso, Tx 79907</i>			
	Daytime Phone No.: <i>915 920 7526</i>		E-Mail Address:	
	Payment made by: <i>Credit Card Payment</i> ✓			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	TOTAL AMOUNT PAID (sum of the above amounts) <i>\$22,357.12</i>			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
<i>E.M 2/14/25</i>	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<i>[Signature]</i>		<i>Tyler S. Cope 2/10/2025</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>N.H</i>	Date: <i>2-11-25</i>



TAX OFFICE RECEIVED

FEB 10 2025

OP  
+2500

THE CITY OF EL PASO  
CONSOLIDATED TAX OFFICE  
221 N. Kansas, Suite 300  
El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

9327-999-8060-2100

Refund To:  VALENZUELA RAUL		Phone: HOME: 915-833-5535 WORK:	Property ID# (One application per account)  218381	
Address (mail refund to :)  6389 CALLE PLACIDO DR (12)		Property Address: And/or Legal Description:		
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:
1. 2024	1/31/2025			\$12,114.26
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)				

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check. OR bank statement showing item cleared (both the bank & taxpayer must appear)

REASON FOR OVERPAYMENT:

Please refund overpayment \$12,114.26 to above address

C/CV

"I certify that information given to obtain this refund is true and correct."

Raul Valenzuela

Date: 2-9-2025

Requestor signature:

Raul Valenzuela

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.

(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

(X) REFUND APPROVED

Tax Office Approval:

N.H.

Date:

2-10-25

Date:

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED
- ( ) Returned to sender
- ( ) See below/attached
- ( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
- ( ) Record of overpayment not found on this property.
- ( ) Property not found as identified, resubmit after correction.
- ( ) Other:

E.M.  
2/14/25