#### 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:	
COMMONITY AND STAREHOLDER COTREACH.	
PRIOR COUNCIL ACTION:	
AMOUNT AND SOURCE OF FUNDING:	
REPORTING OF CONTRIBUTION OR DONATION TO CITY	<u>COUNCIL:</u>
NAME	AMOUNT (\$)
<del>-</del>	
**************************************	UTHORIZATION************************************
11	
DEPARTMENT HEAD: Navia O Papilla	U)

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

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

 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)

Laura D. Prine
City Clerk

Maria O. Pasillas, RTA
Tax Assessor Collector



CITY TAX OFFICE

FEB 1 0 2025

#### MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. E014-999-1000-0100 Prop ID 88260

Legal Description of the Property

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

OP +2500

OWNER: HZ VENTURES LLC

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:

OCOTILLO MANAGEMENT, LLC

**421 FREDERICK RD** 

EL PASO, TX 79905-1808

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 PROPER	TY TAX REFUND: This application must be	completed, signed, an	d submitted with support	ing documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:					
recipient.	Name: Ocotillo Manager	nent	The second of the second	/		
Show information for whomever will be receiving	Address: 421 Frederick	Bd				
the refund.	TOTAL CONTINUES	- 00	105			
d'	01 430			COLUMN IN THE SECOND SE		
	Daytime Phone No.: <b>915 - 490 -</b>		E-Mail Address: (1)	counting @ ocosw.co		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Check Payment	01772	01/31/2025	\$184,435.05		
heck, original receipt, online						
ayment confirmation or						
pank/credit card statement.	TOTAL AMOUN	Γ PAID (sum of th	e above amounts)			
tep 3. Provide reason for	Please check one of the following:					
his refund.	I paid this account in error and I am	entitled to the refur	nd.			
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.						
	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):					
	I his payment should have been app	ned to other tax acc	ount(s) and/or year(s),	escrow (listed below):		
de a	į.					
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the rehave given on this form is true and correct. guilty of a Class A misdemeanor or a state	( If you make a fall	se statement on this ap	plication, you could be found		
E.M/4/23	SIGNATURE OF REQUESTOR (REQUIR	EED) PI	RINTED NAME & D.			
TAX OFFICE USE ONLY:	Approved Denied By:	NI	Date:	2/5/2025 2-10:25		

Print Date: 01/31/2025



CITY TAX OFFIC

FEB 1 0 2025

#### MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR 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)

PRISCILLA PEREIRA 1168 MORGAN MARIE ST EL PASO, TX 79936

1168 MORGAN MARIE ST 79936

OWNER: PEREIRA PRISCILLA

**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.

Step 1. Identify the refund	Who	should the refund be issued to:					
recipient.	Name	Priscilla A	reira		- 1 1 m		
Show information for whomever will be receiving	Addr	ess: 1168 Mora	an Marie	St	1/		
the refund.	City,	State, Zip:	CO TY 70	9921			
	Dayti	me Phone No.: (9/5) 309	-4(do7	E-Mail Address: pe	reiva Porensima		
Step 2. Provide payment	Paym	ent made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online	Cred	it Card Payment	CC006783993	01/29/2025	\$3,583.77		
payment confirmation or bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts)					
Step 3. Provide reason for	Please check one of the following:						
his refund. Please list any accounts and/or	E GARGO TA						
rears that you intended to pay	~						
with this overage.							
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
The state of the s	5			Miss.	1		
Step 4. Sign the form. Unsigned applications cannot be processed.	have	gning below, I hereby apply for th given on this form is true and corr of a Class A misdemeanor or a s	ect. ( If you make a fals	se statement on this appl	ication, you could be found		
	SIGN	ATURE OF REQUESTOR (REQ	UIRED)	RINTED NAME & DAT	OK 01-2/5/2		

Print Date: 01/30/2025

TAX OFFICE USE ONLY:

Approved

FFB 1 0 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

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

OP +2500

OWNER: AMERICAN MULTI-CINEMA INC

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 PROPER	TYTA	X REFUND:	This application in	nust be completed, sign	ied, and submitted with	supporting documentation to be valid.	
Step 1. Identify the refund	Who	should the re	fund be issued to:				
recipient. Show information for	Name	: Amer	rican Mi	ulti - Cin+	ema, Inc.		
whomever will be receiving			o Ash				
the refund.	& commence in the same			d, KS (	11600		
			·(913) 213		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ress: Kkatzer@amathe	
Step 2. Provide payment		ent made by:		Check i		Amount Paid	
information. Please attach copy of cancelled	Chec	k Payment	,	8489620	01/28/202	5 \$9,514.76	
cheek, original receipt, online payment confirmation or bank/credit card statement.			TOTALAM	Of INT PAID (sum	of the above amou	nts)	
Step 3. Provide reason for	Please check one of the following:						
his refund.	I paid this account in error and I am entitled to the refund.						
Please list any accounts and/or rears that you intended to pay	X	I overpaid this account. Please refund the excess to the address listed in Step 1.					
vith this overage.		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):					
			****		***************************************		
Step 4. Sign the form. Unsigned applications cannot be processed.  E.M. 14125	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						
	V	· ITA	X to	2-1	Kriston	natzer aliolapas	

Print Date: 01/28/2025

FEB 1 0 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. 2000-999-1909-0034 Prop ID 501639

Legal Description of the Property INV CMP MACH SIGN FURN

9840 N GATEWAY BLVD

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

06 +2500

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.

Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name: American Mul	ti-Cinema	inc.			
whomever will be receiving	Address: 11500 ASH St.					
the refund.	City, State, Zip: Leawood,					
	Daytime Phone No.: (913) 213	- 2527		iatzera wanthe		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled theck, original receipt, online	Check Payment	84896210	01/28/2025	\$28,676.88		
ayment confirmation or nank/credit card statement.		OUNT PAID (sum of th	ne above amounts)			
nep 3. I rovide reason for	Please check one of the following:					
his refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.					
cars that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	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):					
Unsigned applications cannot	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.)					
EN14/25	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE  Kristen Katzer 2/10/2005					

Print Date: 01/28/2025



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

FEB 10 2025

CITY TAX OFFICE

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

**Geo No.** 2003-999-3976-0034

Prop HD 510577

Legal Description of the Property

CMP FURN MACH SIGN

6211 EDGEMERE BLVD

ROBERT URREA 6211 EDGEMERE BLVD EL PASO, TX 79925

125 DO

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 PROPER	TY TAX REFUND: This application must be	completed, signed, and	I submitted with suppo	orting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:			THE RESIDENCE		
recipient. Show information for	Name: RIBERT E W	RSTT	grurren	5thebackandueck.co		
whomever will be receiving	Address: 6211 Lagemen	ie,	1			
the refund.	City, State, Zip: & DAGO	12 790	125	1/		
	Daytime Phone No.: (15 ~ 491-1)	28	E-Mail Address:			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Electronic Check	CC005611327	12/26/2023	\$7,570.22		
check, original receipt, online payment confirmation or						
bank/credit card statement.		T PAID (sum of the	above amounts)			
Step 3. Provide reason for	Please check one of the following:					
this refund. Please list any accounts and/or	I paid this account in error and I am	entitled to the refund	d.			
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
	This payment should have been app	lied to other tax acco	ount(s) and/or year(s	s), escrow (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the rel have given on this form is true and correct. guilty of a Class A misdemeanor or a state	( If you make a fals	e statement on this	application, you could be found		
E.M. 3/14/25	SIGNATURE OF REQUESTOR (REQUIR	RED) PR	LINTED NAME & 1	DATE		
TAX OFFICE USE ONLY:	Approved Denied By:	4.4	Date:	2-10-25		

v52.1.9

Print Date: 01/09/2025



JAN 3 1 2J25

## 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.
 Prop ID

 C776-999-0000-0300
 38273

**Legal Description of the Property** 

CORBIN REPLAT LOT 3

105 ANITA CIR 79905

EDMUNDO RODRIGUEZ 2928 CYPRESS EL PASO, TX 79905

+3200

OWNER: RODRIGUEZ EDMUNDO

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 PROPER	TY TAX REFUND: This application must be	completed, signed, and	I submitted with suppor	ting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name: EDMUNDO RODA	16062	MAND LY CARE	Nachte Barolle		
whomever will be receiving	Address: 2929 Puph	( 1 5 5		/		
the refund.	City, State, Zip: G P P SO,	7× 759	05			
	Daytime Phone No.:	•	E-Mail Address:			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Credit Card Payment	CC006707899	01/24/2025	\$3,758.79		
check, original receipt, online payment confirmation or	RCheck (Thoms	306707981	01/24/25	3758.79		
bank/credit card statement.	TOTAL AMOUN' Please check one of the following:	T PAID (sum of the	e above amounts)	Deline Control of the		
Step 3. Provide reason for this refund.	TO COLD TO STREET AND ALL AND THE CASE OF THE STREET, STREET AND A STREET AND ASSOCIATION OF THE STREET,					
Please list any accounts and/or	I paid this account in error and I am entitled to the refund.					
years that you intended to pay with this overage.	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
	This payment should have been app	lied to other tax acco	ount(s) and/or year(s)	, escrow (listed below):		
Step 4. Sign the form.	By signing below, I hereby apply for the rel have given on this form is true and correct.	fund of the above-de ( If you make a fals	escribed taxes and cer se statement on this a	tify that the information I oplication, you could be found		
be processed.	guilty of a Class A misdemeanor or a state	jail felony under the	Texas Penal Code, S	Sec. 37.10.)		
FEB 1 0 2025	SIGNATURE OF REQUESTOR (REQUIR		EDMUNIO ROS			
Received PDP						
TAX OFFICE USE ONLY:	Approved Denied By:	N.17	Date:	2-11-25		

Print Date: 01/27/2025



OP +2500

#### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300 El Paso, Texas 79901 FEB 1 4 2025

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

			CATION FOR 1				
	solidated Tax Office col		rty taxes for all eliq	gible propert	y taxing ent	ities within El	Paso County.
APPLICANT MUST PROV	/IDE THE FOLLOWING INF	ORMATION:					
Refund To:		Phone:			Property ID#	† (One application	n per account)
	,	HOME: 9	15 525-2009				
Adriana Renteria		WORK:			335077		
:	V						
Address (mail refund to	:) /	Property Ad	ddress:				
,		And/or		1.1 A	I SELD	T 70000	
609 esmeralda Arme	endariz El Paso Tx 79	Legal Desc	ription: 609 Esmer	alda Armen	darız, El Pa	iso Tx 79932	
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of to	axes paid:	Amount o	of refund requested:
1. 2024	01/29/2025			7,112.38		3,000	
2.							,
3.				4 (12.	38		
	TOTAL AMOUN	NT (sum of th	ne above amounts)	7,112.38		3,000	
				((	City Council a	pp <mark>roval requir</mark>	ed if over \$2,500)
	REQUIRED:	Copy of or	iginal receipt, fron	t & back of i	negotiated i	check, OR	
图 基础 36	bank statement si	howing iter	n cleared (both the	e bank & tax	kpayer nam	e must appea	r)
REASON FOR OVE	ERPAYMENT:						
I sent it twice by r	nistake						V.
	· · · · · · · · · · · · · · · · · · ·			-			
"I certify that info	rmation given to obta	ain this refu	und is true and c	orrect "			
" " " " " " " " " " " " " " " " " " "	a g.v o to obto			577 0 0 1.			
Adriana Renteria					Date:	02/14/2025	
Requestor signatu	ire:						
Adriana Renteria							
Printed name:					Title:		
	y person knowingly submitt	ina false entr	ies is subject to: (1) Im	acisonment of		or \$5,000 fine o	r hoth
	o to one year, or fine not ove	er \$2,000, or l	both. (Sec 37.10 Penal	Code) An appl	ication for a re	fund must be m	
	the date of the	e payment or t	the taxpayer waives th	e right to the r	efund (Sec 31.	.11 (c)).	
TAX OFFICE Entry:	( TREFU	ND APPROV	/ED				
Tax Office Approval:		414	<b>4</b> .			Date:	2-14-25
1 1 2 5		10.1				Date.	1-1700
119119						Date:	
(Placed on City Cour	ncil Agenda over \$2,500	0)					
( ) DISAPPROVED	( ) Retur	ned to send	der ()S	ee below/at	ttached		
( ) Required	documentation (Tax re	ceipt, Canc	eled Check, Bank	Statement, o	or Other) no	ot submitted.	
	overpayment not four						
( ) Property r	not found as identified,	, resubmit a	after correction.				
( ) Other:							
	-						
							l l
							I

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## 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.** V893-999-1080-4100 Prop ID

100331

**Legal Description of the Property** 108 VISTA DEL SOL #18 LOT 21

2305 FRANK BEARD DR 79935

ADELA LOZANO 2305 FRANK BEARD DR EL PASO, TX 79935

0P

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 PROPER	IY IAX REFUND:	This application i	nust be com	pieted, signed, ai	ia submittea with supp	orting documentation to be valid.		
Step 1. Identify the refund	Who should the re	Who should the refund be issued to:						
recipient. Show information for	Name: ADI	ELA LOZAN	0					
whomever will be receiving	Address: 2	305 Frank B	eard D	r	1/			
the refund.	City, State, Zip:	El Pas	о Тх	79912				
	Daytime Phone No		633-42	72	E-Mail Address:	aican20013@gmail.com		
Step 2. Provide payment	Payment made by:			Check No.	Date Paid	Amount Paid		
<b>information.</b> Please attach copy of cancelled	Electronic Check	-	(	CC006807945	01/30/2025	\$2,957.21		
check, original receipt, online								
payment confirmation or bank/credit card statement.		TOTALAN	TOTINT D	AID (sum of th	a above emounts)			
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts)  Please check one of the following:							
this refund.	I paid this a	ccount in error an	d I am enti	itled to the refu	nd.			
Please list any accounts and/or years that you intended to pay	-				address listed in Ste	p 1.		
with this overage.	-	payment applied to				F		
					count(s) and/or year	s), escrow (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this	form is true and co	orrect. ( If	you make a fal		pertify that the information I application, you could be found , Sec. 37.10.)		
M 11/87	SIGNATURE OF	REQUESTOR (R)	EQUIRED	) P	RINTED NAME &	DATE		
be processed.  EMAINAS	ade	la lozano			ADELA LOZ	ZANO		
	1	0						
TAX OFFICE USE ONLY:	Approved	Denied	Ву:	H.N	Date:	2-14-25		

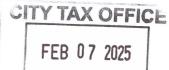
Print Date: 02/06/2025

v52.1.9



#### 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

7 2023

The Cons	solidated Tax Office col	lects property taxes for all elig	jible property to	axing entities	within El Paso County.	
APPLICANT MUST PROV	IDE THE FOLLOWING INF	ORMATION:		X239-0	100-4000-000	0
Refund To:		Phone:			ne application per account)	
		HOME: 915-539-40	I .			
CABRALEZ RUBEN	& ANGELICA O	WORK:	2	254103		
Address (mail refund to	:)	Property Address:				
4512 LOMA LINDA	CIR /	And/or Legal Description: 849 TALBO	OT AVE			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxe	es paid:	Amount of refund requested:	
1. 2024	01/28/2025	CC0067 01/28/2025	\$3,861.44		\$3,861.44	
2.		<b>20</b> 0 1/2007 2000			40,001.11	
3.						
	TOTAL AMOUN	IT (sum of the above amounts)				
		المائلة ما مالنك	(City	Council appro	oval required if over \$2,500)	
	REQUIRED:	Copy of original receipt, from	t & back of neg	gotiated chec	k, OR	
	the state of the s	howing item cleared (both the				
REASON FOR OVE	ERPAYMENT:	ACCOUNT WAS OVERPAIN	D ONLINE			
		*				
"I certify that info	mation given to obta	nin this refund is true and co	orrect."			
						1
	1///			02/0	07/2025	
Postuoator signatu	pulch			Date:		
Requestor signatu	ire:					
KUBE	1 CARRA	100				
Printed name:	CHIPICHI	T E		Title:		
	y person knowingly submitt	ing false entries is subject to: (1) lm	orisanment of 2 to		5 000 fine or both	
		er \$2,000, or both. (Sec 37.10 Penal				
	the date of the	e payment or the taxpayer waives t	he righto the refu	nd (Sec 31.11 (c)	)).	
TAX OFFICE Entry:	( IV REFUI	ND APPROVED				
Tax Office Approval:		4.17			Date: 2-10-25	
					Data	
/Placed on City Cour	acil Aganda over \$2 500	2)			Date:	
	ncil Agenda over \$2,500		11 /	- l l		
( ) DISAPPROVED	. ' '	, ,	ee below/atta		In the state of	
1		ceipt, Canceled Check, Bank S	statement, or (	Other) not su	iomittea.	
	overpayment not foun					
	iot round as identified,	, resubmit after correction.				
( ) Other:						
5						
y /						

Application for Tax Refund-WebVer

8/16/2017



FEB 1 0 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

Y855-999-0020-0400

Prop ID 83439

Legal Description of the Property

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

2024 OVERAGE AMOUNT \$22,357.12

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

Dear Taxpaver:

JACOB A. COPE

EL PASO, TX 79907

9230 BILLY THE KID STREET

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.

Step 1. Identify the refund	Who should the refun	d be issued to				
recipient. Show information for	Name: Jules	e 5. C	ope			
whomever will be receiving	Address: 923		the Ki	1		
the refund.	City, State, Zip:	Z Paso			*	
	Daytime Phone No.:	715 9207	526	E-Mail Address:	ž.	
Step 2. Provide payment	Payment made by		Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	Credit Card Payment	6 7847 938	CC006790850	01/29/2025	\$22,357.12	
oank/credit card statement.		TOTAL AMOU	NT PAID (sum of th	e above amounts)		
Step 3. Provide reason for	Please check one of th	e following:				
his refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.					
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	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):					
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form guilty of a Class A mi	n is true and correct. sdemeanor or a state	. ( If you make a false jail felony under the	escribed taxes and certi se statement on this app e Texas Penal Code, Se	fy that the information I solication, you could be found c. 37.10.)	
E.M 2/14/25	SIGNATURE OF REC	LUCS FOR TREQUI	RED) PF	RINTED NAME & DA	A STATE OF THE STA	
	, //				Cope aliola	
TAX OFFICE USE ONLY:	Approved	Denied By:	11.14	Date:	2 11.25	

Print Date: 01/30/2025

v52.1.9

FEB 1 0 2025

OP +2500

#### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300 El Paso, Texas 79901

		Phone (9	15) 212-0106, Fa	x (915) 212	-0108		
		APPLIC	CATION FOR	TAX REF	JND		
The Con	solidated Tax Office co	ollects prope	rty taxes for all eli	igible proper	ty taxing entit	ies within E	l Paso County.
/	VIDE THE FOLLOWING IN				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:	Chack No	& Date, if known:	Amount of	tavac naid:	Amount	of refund requested:
1. 2024		OHECK IVO.	Date, ii known.	Amount of taxes paid: \$12,114.26		Amount	or returna requested.
2.	1/31/2025		<b>-</b>	\$12,114	20		
3.				_			
J.	TOTAL AMOL	INT (cum of t)	ne above amounts)				
	TOTAL AINIO	JIVI (Sulli OI LI	ie above amounts)		16ih . Cil		and if along \$2,500)
(City Council approval required <u>REQUIRED:</u> Copy of original receipt, front & back of regotiated check. OR							rea ij uver 32,300)
		it showing it	em cleared (both	the bank &	taxpayer mus	t oppear)	
REASON FOR O	/ERPAYMENT:						
Please refund o	verpayment \$12,114.2	<mark>6 to</mark> above a	nddress	C	CV		
"I certify that in	formation given to ob	tain this ret	und is true and	correct "		<u> </u>	
J contary trial at	I manon given to ou	tuiii tino ioi	and is true and	corroct.			
200						-	/ mouse
I U M	1				Date:	G -	9- 2025
Requestor signa	ture:				_	45.4	
	1 1						
KAUL	Valenzo	10 0					
Printed name:	V-(1010-0	<u> </u>			Title:		
	Any person knowingly subm	Atting fates out	due is subject to: (1) [	mariconmant o		or SE AAA fina	or both
	any person knowingly soon up to one year, or fine not						
			the taxpayer waives				
-							
TAX OFFICE Entry:	(\rightarrow\text{REF}	UND APPRO	VED				
							21025
Tax Office Approval			-4,0			Date:	2-10-25
						Date:	
(Placed on City Co	uncil Agenda over \$2,5	500)					
( ) Record	ED ( ) Ret d documentation (Tax of overpayment not fo y not found as identifie	und on this	celed Check, Banl property.	See below/ k Statement		t submitted	J.
		27545					

8/16/2017