

CITY OF EL PASO, TEXAS  
AGENDA SUMMARY FORM



DEPARTMENT / COUNCIL OFFICE: Tax Office

AGENDA DATE: 5/12/26

PUBLIC HEARING DATE:

CONTACT PERSON NAME: Maria O. Pasillas

PHONE NUMBER: 915-212-0106

2nd CONTACT PERSON NAME:

PHONE NUMBER:

DISTRICT(S) AFFECTED: All Districts

**AGENDA ITEM:**

A refund to Leticia V. Parada, in the amount of \$9.01 for an overpayment made on November 30, 2021 of 2021 taxes, Geo. No. E900-000-0002-0005. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments exceeding the three (3) year limit.

**ISSUE STATEMENT:**

City Council is asked to approve the refund over three year for Leticia V. Parada who made an overpayment of \$9.01 on November 30, 2021 of 2021 taxes.

**BACKGROUND:**

Approve property tax overpayment refunds exceeding the statutory three (3) year limit, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

**COUNCIL OPTIONS:**

1. Approve the resolution.
2. Decline approval.

**COMMITTEE REVIEW AND/OR RECOMMENDATION:**

N/A

**COMMUNITY AND STAKEHOLDER OUTREACH (if applicable, as an attachment) – please include:**

N/A

**RELATED CITY POLICIES:**

N/A

**PRIOR COUNCIL ACTION:**

Council has considered this previously on a routine basis.

**LEGAL REVIEW:**

- Legal counsel reviewed as a part of Council packet
- Legal counsel reviewed in advance of packet as an individual item

**AMOUNT AND SOURCE OF FUNDING:**

N/A

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

N/A

NAME	AMOUNT (\$)

**ATTACHMENTS:**

- A. Resolution
- B. Refund Application

**FOR MORE INFORMATION:**

Maria O. Pasillas

(915) 212-0106

citytaxoffice@elpasotexas.gov

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

**SIGNATURE:**

Isaura Valdez for  
Maria Pasillas

Digitally signed by Isaura Valdez  
for Maria Pasillas  
Date: 2026.04.27 16:40:34 -06'00'

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

## RESOLUTION

**WHEREAS**, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

**WHEREAS**, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

**WHEREAS**, taxpayer, LETICIA V. PARADA (“Taxpayer”) has applied for a refund with the tax assessor for their 2021 property taxes that were overpaid on November 30, 2021 in the amount of \$9.01 (NINE DOLLARS AND 1/100 CENTS) for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2021 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

THAT THE City finds that LETICIA V. PARADA showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2021 taxes and the tax refund in the amount of \$9.01 (NINE DOLLARS AND 1/100 CENTS) is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.


**CITY OF EL PASO:**

\_\_\_\_\_  
Renard U. Johnson  
Mayor

**ATTEST:**

\_\_\_\_\_  
Laura D. Prine  
City Clerk

**APPROVED AS TO CONTENT:**

 for Maria Pasillas  
Maria O. Pasillas, RTA  
Tax Assessor/Collector

**APPROVED AS TO FORM BY  
THE CITY ATTORNEY’S OFFICE**



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

TAX OFFICE  
RECEIVED

MAR 24 2026

PARADA LETICIA V  
12716 ALAMEDA AVE  
CLINT, TX 79836-221

Geo No. E900-000-0002-0005	Prop ID 74375
<b>Legal Description of the Property</b>	
2 EUBANK LOT 5	
12716 TEXAS HWY 20	
OWNER: PARADA LETICIA V	
<b>2021 OVERAGE AMOUNT \$9.01</b>	

OP  
+ 3 yrs

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 12: TOWN OF CLINT, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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).

**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>Leticia V. Parada</u>			
	Address: <u>12716 Alameda Ave</u>			
	City, State, Zip: <u>Clint, TX 79836</u>			
	Daytime Phone No: <u>(915) 253-0790</u>	E-Mail Address: <u>brenpara@yahoo.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	27482041901	11/30/2021	\$10.00
	<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>Leticia V. Parada</u>		<u>Leticia V. Parada 2/26/2021</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.H.</u>	Date: <u>3-24-26</u>