

**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 (\$)

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:

Maria O. Pasillas

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

TAX REFUNDS OVER \$2,500
March 18, 2025

1. Advantax – Timothy Ferraro, in the amount of \$22,943.05, made an overpayment on January 31, 2025 of 2024 taxes.

(Geo.# 23PP-999-2378-3042)

2. Sunland Park CDJR, in the amount of \$115,903.05, made an overpayment on January 22, 2025 of 2024 taxes.

(Geo.# 1492-999-1262-5134)

3. Daniel Tovar, in the amount of \$3,454.31, made an overpayment on February 15, 2025 of 2024 taxes.

(Geo.# A781-000-0010-1300)

4. Sergio V. Ortega, in the amount of \$3,727.72, made an overpayment on January 30, 2025 of 2024 taxes.

(Geo.# M794-999-0490-1500)

5. Saul A. Lujan, in the amount of \$6,296.85, made an overpayment on January 31, 2025 of 2024 taxes.

(Geo.# R246-999-0080-1400)


6. La Cantera Pavilion LLC, in the amount of \$5,146.16, made an overpayment on December 23, 2024 of 2024 taxes.

(Geo.# V639-999-0010-0100)

7. Grace P. Hawley, in the amount of \$4,516.59, made an overpayment on December 14, 2024 of 2024 taxes.

(Geo.# W145-999-0540-0900)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



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 25 2025

VENTANA MEDICAL SYSTEMS INC
C/O ROCHE DIAGNOSTICS CORPORATION
2500 WESTFIELD DR STE 202
ELGIN, IL 60124-7702

Geo No. 23PP-999-2378-3042	Prop ID 721946
Legal Description of the Property MACH 425 PAN AMERICAN DR	
OWNER: VENTANA MEDICAL SYSTEMS INC	

OP ✓
+2500

2024 OVERAGE AMOUNT \$22,943.05 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:				
	Name: <u>Advantax - Timothy Ferraro</u>				
	Address: <u>2500 Westfield Dr. Ste 202</u>				
	City, State, Zip: <u>Elgin IL 60124</u>				
	Daytime Phone No.: <u>630 444 2743</u>		E-Mail Address: <u>tferraro@advantax.com</u>		
Step 2. Provide payment information. 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		02288	01/31/2025	\$55,777.16
	TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for this refund. 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):				
Step 4. Sign the form. 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>Timothy Ferraro</u>		<u>Timothy Ferraro 2-20-25</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H</u> Date: <u>2-25-25</u>					

TAX OFFICE
RECEIVED

FEB 25 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

SUNLAND PARK CDJR
520 N SEMORAN BLVD #100
ORLANDO, FL 32807

Geo No. 1492-999-1262-5134	Prop ID 645822
Legal Description of the Property DEALER MOTOR VEH INV P122840 950 CROCKETT ST OWNER: SUNLAND PARK CHRYSLER DODGE JEEP RAM	
2024 OVERAGE AMOUNT \$115,903.05	

OP ✓
+2500

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Sunland Park CDJR</u>			
	Address: <u>520 N. Semoran Blvd #100</u> ✓			
	City, State, Zip: <u>Orlando, FL 32807</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>407-924-9762</u>		E-Mail Address: <u>dama.hernandez@greenwayauto.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006682344	01/22/2025	\$144,402.00
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. 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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	<input type="checkbox"/> 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	
	<u>Chuc 2/27/25</u>		<u>Christopher Allen February 25, 2025</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>2-25-25</u>				

CREDIT CARD

OP
+2500TAX OFFICE
RECEIVED

FEB 24 2025

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:

Refund To: Daniel Tovar		Phone: HOME: +19155389038 WORK:		Property ID# (One application per account) 56061
Address (mail refund to :) 15241 Pumice Dr. El Paso Tx. 79928		Property Address: And/or Legal Description: 15241 Pumice Dr. El Paso Tx. 79928		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	2/15/2025		6908.62	3454.31
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			cc ✓	3,454.31 ✓

(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:

payment made. Please refund

System charged my card twice. I never Received an emailed receipt with the second

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

Requestor signature:

Date: 02/24/25

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:

Date:

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

Date:

- () 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:



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 13 2025

ORTEGA SERGIO V
3205 RUNNING DEER DR
EL PASO, TX 79936-2214

Geo No. M794-999-0490-1500	Prop ID 63072
Legal Description of the Property 49 MORNINGSIDE HEIGHTS 5 & 6 (6000 SQ FT) 3523 HARRISON AVE 79930 OWNER: ORTEGA SERGIO V	

OP
+2500 ✓

2024 OVERAGE AMOUNT \$3,727.72 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: SERGIO ORTEGA ✓			
	Address: 3205 RUNNING DEER DR ✓			
	City, State, Zip: EL PASO, TX, 79936 ✓			
	Daytime Phone No.: 915-383-9607		E-Mail Address:	
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:		Check No.	Date Paid
	Cash Payment			01/30/2025
				\$3,730.00
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. 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 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):			
Step 4. Sign the form. 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	
	Sergio Ortega		SERGIO ORTEGA 2/19/25 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: NIS Date: 2-21-25 ✓				

TAX OFFICE
RECEIVED

FEB 25 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. R246-999-0080-1400	Prop ID 52601
Legal Description of the Property 8 RANCHOS DEL SOL #4 LOT 14 (9318.51 SQ FT) 1367 WHIRLAWAY DR 79936	
OWNER: LUJAN SAUL A	

SAUL A LUJAN
1367 WHIRLAWAY DRIVE
EL PASO, TX 79936

OP ✓
+2500

2024 OVERAGE AMOUNT \$6,296.85 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: SAUL A. LUJAN Address: 1367 WHIRLAWAY City, State, Zip: EL PASO, TX 79936 Daytime Phone No.: 915 526-8232 E-Mail Address: SAUL.LUJAN7@GMAIL.COM				
Step 2. Provide payment information. 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 ✓		CC006867534	01/31/2025	\$6,296.85
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)				
	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. ✓				
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):				
gmc 2/21/25	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) Saul Lujan		PRINTED NAME & DATE SAUL A. LUJAN 2-25-25 ✓		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H.	Date: 2-25-25	



CITY TAX OFFICE

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

FEB 18 2025

TAX OFFICE
RECEIVED

FEB 03 2025

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

LA CANTERA PAVILION LLC
3630 WOOSTER LANE
EL PASO, TX 79936

OP
+2500 ✓

Geo No. V639-999-0010-0100	Prop ID 204112
Legal Description of the Property 1 VENTANAS #1 LOT 1 (183157.00 SQ FT) 12040 TIERRA ESTE DR 79938 OWNER: VENTANAS PAVILLION LLC	

2024 OVERAGE AMOUNT \$5,146.13 ✓

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

Dear Taxpayer:

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APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>La Cantera Pavilion LLC</u>			
	Address: <u>3630 Wooster Lane</u>			
	City, State, Zip: <u>El Paso TX 79936</u>		E-Mail Address: <u>cpgamboa@fpgmech.com</u>	
	Daytime Phone No.: <u>915-471-1103</u>			
Step 2. Provide payment information. 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	12069	12/23/2024	\$114,035.84
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. 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):			
Step 4. Sign the form. 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.)			
CITY TAX OFFICE FEB 18 2025 Received Signature	SIGNATURE OF REQUESTOR (REQUIRED) <u>[Signature]</u>		PRINTED NAME & DATE <u>Paul Gamboa 2/13/2025</u> ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.I.S</u>	Date: <u>2-18-25</u> ✓



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 18 2025

GRACE P. HAWLEY
6689 PEARL RIDGE DR
EL PASO, TX 79912

Geo No. W145-999-0540-0900 Prop ID 247157

Legal Description of the Property
54 WEST HILLS #17 LOT 9 (5720.00 SQ FT)

1113 DESIERTO SECO DR

OWNER: HAWLEY CARL T & GRACE P

OP ✓
+2500

2024 OVERAGE AMOUNT \$4,516.59 ✓

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.

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name: GRACE P. HAWLEY

Address: 6689 PEARL RIDGE DR

City, State, Zip: EL PASO, TX - 79912

Daytime Phone No. (915) 373-5274 E-Mail Address: gphawley@elpaso.com

Step 2. Provide payment information.

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

CC006427047

12/14/2024

\$4,516.59

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please list any accounts and/or years that you intended to pay with this overage.

Please check one of the following:

☒ I paid this account in error and I am entitled to the refund.

☒ I overpaid this account. Please refund the excess to the address listed in Step 1.

☐ 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.

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

GPHawley

GRACE P. HAWLEY

02/12/2025

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.L.

Date:

2-18-25