### 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 (\$)
*********	ED AUTHORIZATION************************************
DEPARTMENT HEAD: Maia O. Paoi	llo o
DEPARTMENT HEAD:	T(O)

(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)

Maria O. Pasillas, RTA
Tax Assessor Collector

Laura D. Prine City Clerk



CITY TAX OFFICE

FER 2 5 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. 23PP-999-2378-3042 **Prop ID** 721946

Legal Description of the Property

MACH

425 PAN AMERICAN DR

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

0P

OWNER: VENTANA MEDICAL SYSTEMS INC

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 PROPER	TY TAX REFUND: This application must be o	completed, signed, ar	nd submitted with support	ing documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:		<b>建</b> 基础的现在形式			
Show information for whomever will be receiving the refund.	Name: Advantax	-Timeofler	Ferrano	A A A A A A A A A A A A A A A A A A A		
	Address: 2500 Westf	ield Dr	. Ste 20	2 ,/		
	City, State, Zip: Elain 12	6012		i is this		
	Daytime Phone No.: 630 444	2742	E-Mail Address:	ferravo @advantax		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled	Check Payment	02288	01/31/2025	\$55,777.16		
check, original receipt, online payment confirmation or	, p					
bank/credit card statement.	TOTAL AMOUNT	T PAID (sum of th	ne 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.					
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.					
l de la	This payment should have been appl	ied to other tax acc	count(s) and/or year(s),	escrow (listed below):		
	5 A					
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the ref have given on this form is true and correct. guilty of a Class A misdemeanor or a state	( If you make a fa	lse statement on this ap	plication, you could be found		
Inc	SIGNATURE OF REQUESTOR (REQUIR	ED) P	RINTED NAME & D. Timestly Ferr	O Z-20-25		
3125/35				> <-> > V		
TAX OFFICE USE ONLY:	Approved Denied By:_	NID	Date:			

Print Date: 02/05/2025

FEB 2 5 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. Prop ID 1492-999-1262-5134 645822 Legal Description of the Property

DEALER MOTOR VEH INV P122840

950 CROCKETT ST

+2500

OWNER: SUNLAND PARK CHRYSLER DODGE JEEP RAM

2024 OVERAGE AMOUNT \$115,903.05

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

Dear Taxpayer:

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

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:			rayaka ka sa ka sa ka	
recipient. Show information for whomever will be receiving the refund.	Name: Sunland Park CD)R					
		ess: 520 N. Semoran P		J		
	City, State, Zip: ORlande, Fl 32807					
	Dayti	me Phone No.: 407-9 24-0	1762	E-Mail Address	ma heraner@greenw	
Step 2. Provide payment		ent made by:	Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online	Elect	ronic Check	CC006682344	01/22/2025	\$144,402.00	
payment confirmation or bank/credit card statement.	······································	TOTAL AMOU	NT PAID (sum of th	e 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.					
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 ap	plied to other tax acc	count(s) and/or year(s),	escrow (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.  Step 4. Sign the form. Unsigned applications cannot be processed.	have guilty SIGX	gning below, I hereby apply for the regiven on this form is true and correct of a Class A misdemeanor or a state ATUKE OF REQUESTOR (REQU	t. ( If you make a fal te jail felony under the IRED)	se statement on this ap the Texas Penal Code, S RINTED NAME & DA Christopher All	plication, you could be found ec. 37.10.)	

Print Date: 02/21/2025

FEB 2 4 2025

CREDIT CAND

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#### 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

p	solidated Tax Office co		TAX REFUND 🗸			
APPLICANT MUST PRO	CONCENTOR LOST COLLEGE	llects property taxes for all e	igible property taxing ent	ities within El Paso County.		
	VIDE THE FOLLOWING IN	FORMATION:	A781-	0051-0100-000		
Refund To:		Phone:	Property IDs	Property ID# (One application per account)		
	/	HOME: +19155389038				
Daniel Tovar		WORK:	56061			
Address (mail refund to	0:1	Property Address:		**************************************		
		Andler				
15241 Pumice Dr. I	El Paso Tx. 79928	Legal Description: 15241 Pt	imice Dr. El Paso Tx. 79	3928 V		
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 AMOU	NT (sum of the above amounts	) cc/	3,454.31		
			(City Council o	approval required if over \$2,500)		
	REQUIRED:	Copy of original receipt, from	t & back of negotiated cl	heck, OR		
	bank statemen	t showing item cleared (bath	the bank & taxpayer mu	ist appear)		
REASON FOR OV	ERPAYMENT:	System charged my card	twice. I never Received	an emailed receipt with the second		
payment made.	Please refund					
***************************************	***************************************		***************************************			
"I certify that infi	ormation given to obj	tain this refund is true and	correct."			
- //	, , , , , , , , , , , , , , , , , , , ,					
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TXD						
- 1	)—~		Date:	02/24/25		
Requestor signal	Pure:		Date:	02/24/25		
Requestor signal	Rure:		Date:	02/24/25		
Requestor signal	Pure:		Date:	02/24/25		
Requestor signal	Pure:		Date:	02/24/25		
Printed name:	1 Tovar	tling false entries is subject to: (1) i	Title:	V		
Printed name:	Tovatiny person knowingly submit up to one year, or fine not o	ver \$2,000, or both. (Sec 37.10 Pen	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or 55,000 fine, or both. efund must be made within 3 years after		
Printed name:	iny person knowingly submit up to one year, or fine not o the date of t	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpayer waive.	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or 55,000 fine, or both. efund must be made within 3 years after		
Printed name:	iny person knowingly submit up to one year, or fine not o the date of t	ver \$2,000, or both. (Sec 37.10 Pen	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or 55,000 fine, or both. efund must be made within 3 years after		
Printed name:  A (2) Imprisonment	iny person knowingly submit up to one year, or fine not o the date of t	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpoyer waive: JND APPROVED	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or \$5,000 fine, or both. efund must be made within 3 years after 11 (cj.).		
Printed name:  A (2) Imprisonment  TAX OFFICE Entry:	iny person knowingly submit up to one year, or fine not o the date of t	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpayer waive.	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or \$5,000 fine, or both. efund must be made within 3 years after 11 (cj.).		
Printed name:  A (2) Imprisonment  TAX OFFICE Entry:	iny person knowingly submit up to one year, or fine not o the date of t	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpoyer waive: JND APPROVED	Title: myrisonment of 2 to 10 years, al Code) An application for a re	or 55,000 fine, or both.  If find must be made within 3 years after  11 (c))		
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Printed name:  Printed name:  A (2) Imprisonment  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Cou	Iny person knowingly submit up to one year, or fine not on the date of the dat	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpayer waive UND APPROVED  U. 12  2 2/25 (25	Title: mprisonment of 2 to 10 years, al Code) An application for a re s the righto the refund (Sec 31	or \$5,000 fine, or both.  Efund must be made within 3 years after  11 (c))  Date: 2 - 25-25		
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Printed name:  A (2) Imprisonment  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Cool ( ) DISAPPROVE ( ) Required ( ) Record of ( ) Property	In person knowingly submit to the date of	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpoyer waive.  JND APPROVED  J J J J J J J J J J J J J J J J J J J	Title:  myrisonment of 2 to 10 years, at Code) An application for a ris the righto the refund (Sec 31.  See below/attached k Statement, or Other) no	or 55,000 fine, or both.  If wind must be made within 3 years after  11 (c))  Date: 2 - 25-25  Date:		
Printed name:  A (2) Imprisonment  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Could be a printed on City Could be a	In person knowingly submit to the date of	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpover waive.  JND APPROVED  D D D D D D D D D D D D D D D D D D	Title:  myrisonment of 2 to 10 years, at Code) An application for a ris the righto the refund (Sec 31.  See below/attached k Statement, or Other) no	or 55,000 fine, or both.  If wind must be made within 3 years after  11 (c))  Date: 2 - 25-25  Date:		
Printed name:  A (2) Imprisonment  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Cool ( ) DISAPPROVE ( ) Required ( ) Record of ( ) Property	In person knowingly submit to the date of	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpover waive.  JND APPROVED  D D D D D D D D D D D D D D D D D D	Title:  myrisonment of 2 to 10 years, at Code) An application for a ris the righto the refund (Sec 31.  See below/attached k Statement, or Other) no	or 55,000 fine, or both.  If wind must be made within 3 years after  11 (c))  Date: 2 - 25-25  Date:		
Printed name:  A (2) Imprisonment  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Could be a proval)	In person knowingly submit to the date of	ver \$2,000, or both. (Sec 37.10 Pen he payment or the taxpover waive.  JND APPROVED  D D D D D D D D D D D D D D D D D D	Title:  myrisonment of 2 to 10 years, at Code) An application for a ris the righto the refund (Sec 31.  See below/attached k Statement, or Other) no	or 55,000 fine, or both.  If wind must be made within 3 years after  11 (c))  Date: 2 - 25-25  Date:		



CITY TAX OFFICE FEB 1 8 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. 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

42500 OP V

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:

ORTEGA SERGIO V

3205 RUNNING DEER DR EL PASO, TX 79936-2214

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 comp	pleted, signed, and submitted with suppo	orting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:	<b>以外的表示。基本是否的</b>			
Show information for whomever will be receiving	Name: SERGIO ORTER	en /	/		
	Address: 3205 RUNNING	Detr Dr.			
the refund.	City, State, Zip: & PASO,				
	Daytime Phone No.: 915-383-916	E-Mail Address:			
Step 2. Provide payment	Payment made by:	Check No. Date Paid	Amount Paid		
information. Please attach copy of cancelled	Cash Payment	01/30/2025	\$3,730.00		
check, original receipt, online					
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PA	AID (sum of the above amounts)			
Step 3. Provide reason for	Please check one of the following:	<b>马基克斯斯斯斯克斯</b>	<b>多种类型类型</b>		
this refund. Please list any accounts and/or	I paid this account in error and I am enti-	tled 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	s), escrow (listed below):		
Step 4. Sign the form.	By signing below, I hereby apply for the refund have given on this form is true and correct. (If				
Unsigned applications cannot be processed.	guilty of a Class A misdemeanor or a state jail				
0	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & I	DATE		
MILC 2018	Sergen Ciles	S	MAKEGA 3/19/25		
0		1 1 2 1 2			
TAX OFFICE USE ONLY:	Approved Denied By:		2-21-25		

v52.1.9 Print Date: 02/07/2025

FEB 2 5 2025

Credit Cod

SAUL A LUJAN

1367 WHIRL AWAY DRIVE EL PASO, TX 79936



## 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

1367 WHIRLAWAY DR 79936

OWNER: LUJAN SAUL A

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.

tep 1. Identify the refund	Who	should the refund be issued to:					
ecipient.	Name: SAUL A. LUZAN						
homever will be receiving	Addi	one constitution and constitution and an experience of the constitution of the constit					
the refund.	City,			19936			
	Dayt	ime Phone No : 915 526-82	SHOW AND SHOW SHOW THE RESERVED OF THE PROPERTY OF THE PARTY OF THE PA		AUL WIAU 7 BGHAI		
tep 2. Provide payment		nent made by:	Check No.	Date Paid	Amount Paid		
formation. ase attach copy of cancelled	Cred	ht Card Payment	CC006867534	01/31/2025	\$6,296.85		
eck, original receipt, online							
yment confirmation or nk/credit card statement.		TOTAL AMOU	NT PAID (sum of th	ie above amounts)	The state of the s		
ep 3. Provide reason for	Pleas	e check one of the following:	A CONTROL OF THE CONT	ic and ve amounts)			
s refund.		I paid this account in error and I am entitled to the refund.					
ease list any accounts and/or ars that you intended to pay	X	I overpaid this account. Please refund the excess to the address listed in Step 1.					
th this overage.	I want this payment applied to next year's taxes.						
9-7-4	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
					The state of the s		
ep 4. Sign the form.	By si	gning below, I hereby apply for the r	efund of the above-o	described taxes and ce	rtify that the information I		
nsigned applications cannot processed.	have	given on this form is true and correct of a Class A misdemeanor or a stat	i. ( If you make a fa re iail felony under th	ise statement on this a re Texas Penal Code.	pplication, you could be found Sec. 37.10.)		
		1000		PRINTED NAME & I	2		
mc2/21/25		AFURE OF REQUESTOR (REQUI	(RED)				
TINC -		The way		SAUL A. W.	IAN 1725-17		



### CITY TAX OFFICE

### MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR | 8 2025

FEB 0 3 2025

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

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

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

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:

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	e completed, signed, and	d submitted with suppo	orting documentation to	be valid.		
Step 1. Identify the refund	Who should the refund be issued to:			<b>建筑的</b>			
recipient. Show information for	Name: ha Cantera Pavillion all						
whomever will be receiving	Address: 3630 Woosder have	)					
the refund.	City, State, Zip: U Paso Jx 79	936		Cpgamboa @f	pamich w		
	Daytime Phone No.: 915 - 471-110		E-Mail Address:	Chandra	Pylladina		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	Check Payment	12069	12/23/2024	\$114,03	5.84		
check, original receipt, online							
payment confirmation or bank/credit card statement.	TOTAL AMOU	NT PAID (sum of the	a above amounts)				
Step 3. Provide reason for	Please check one of the following:	NI PAID (sum of the	e above amounts)				
this refund. Please list any accounts and/or	I paid this account in error and I a	m entitled to the refun	d.				
years that you intended to pay	I overpaid this account. Please ref	und the excess to the a	address listed in Step	p 1.			
with this overage.	I want this payment applied to nex	at year's taxes.					
0000 2/21/25	This payment should have been ap	oplied to other tax acco	ount(s) and/or year(	s), escrow (listed bel	ow):		
Step 4. Sign the form.	By signing below, I hereby apply for the	refund of the above-de	escribed taxes and c	ertify that the inform	nation I		
/							
CHOCKS TAX OFFIC	have given on this form is true and correct guilty of a Class A misdemeanor or a sta	te jail felony under the	e Texas Penal Code.	, Sec. 37.10.)			
/ 0005	SIGNATURE OF REQUESTOR (REQU	TRED) PF	RINTED NAME &	DATE	$\checkmark$		
J FEB 18 2025	July Cliffen	1	Paul Grumbon	4/13/2028			
Received Signature TAX OFFICE USE ONLY:	Approved Denied B	y: N.14	Paul Gumbou  Date:	2-18-25	<b>√</b>		
v52.19				Print Date:	01/09/2025		



TAX OFFICE

### 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

**Prop ID** 

W145-999-0540-0900

247157

Legal Description of the Property

54 WEST HILLS #17 LOT 9 (5720.00 SQ FT)

1113 DESIERTO SECO DR **GRACE P. HAWLEY** 

6689 PEARL RIDGE DR EL PASO, TX 79912

+2500

OWNER: HAWLEY CARL T & GRACE P

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

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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 PR	OPERTY TA	X REFUND:	This application	must be comp	eted, signed, and	I submitted with sup	porting documentation	on to be valid.
Step 1. Identify the refurecipient. Show information for whomever will be receive the refund.	Name Addr City,	e: GRA	efund be issued to  ACE P. H.P.  BO PEA  EL PAS  (915) 37:	WLEL	) IDGE DV - 79916 1915)1587-7024	ζ`	aphawky	Coevalor. Co
Step 2. Provide paymen	Paym	ent made by			Check No.	Date Paid	Amount Pa	
information.  Please attach copy of can	celled	tronic Check		C	C006427047	12/14/2024	\$4	,516.59
check, original receipt, or	nline	The second second						
payment confirmation or bank/credit card statemen			TOTAL AN	MOUNT PA	ID (sum of the	above amounts)		
Step 3. Provide reason f	or Pleas	e check one	of the following:		ab (sum or the		THE RESIDENCE OF THE PARTY OF T	
this refund.	nd/ou	I paid this account in error and I am entitled to the refund.						
Please list any accounts a years that you intended to	100	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 paym	ent should have be	een applied to	o other tax acco	ount(s) and/or year	r(s), escrow (listed	below):
								, , , , , , , , , , , , , , , , , , ,
Step 4. Sign the form. Unsigned applications cabe processed.	nnot have	given on this		correct. (If y	ou make a fals	e statement on thi	certify that the infinite sapplication, you e, Sec. 37.10.)	
0	SIGN	ATURE OF	REQUESTOR (R	EQUIRED)	PR	RINTED NAME &	DATE	.1 /
thicalaila	5 6	JPH cruc	ley		G	PACE P. H	AWIEY	02/12/2025
Ψ .		-	0					
TAX OFFICE USE ONI	LY:	Approved	Denied	By:	4.17	Date:	2-18-25	

Print Date: 01/09/2025 v52.1.9