

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

**AGENDA DATE:** August 31, 2021  
**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON(S) NAME AND PHONE NUMBER:** Maria O. Pasillas, (915) 212-1737

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL:** Goal 6 – Set the Standard for Sound Governance and Fiscal Management

**SUBGOAL:** 6.11 Provide efficient and effective services to taxpayers

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? **Be descriptive of what we want Council to approve. Include \$ amount if applicable.**

That the tax refunds listed on the attachment posted with this agenda be approved. 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. (See Attachment B)

**BACKGROUND / DISCUSSION:**

**Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?**

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.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

Council has considered this previously on a routine basis.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED?  YES  NO**

**PRIMARY DEPARTMENT:** Tax Office

**SECONDARY DEPARTMENT:** N/A

---

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

**DEPARTMENT HEAD:**

*Maia O. Pasillas*

---

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

TAX REFUNDS OVER THREE (3) YEARS  
August 31, 2021

1. Vanderbilt Mortgage & Finance, in the amount of \$10.00, made an overpayment on November 13, 2017 of 2017 taxes.  
(Geo. # 14MH-000-0000-0011)
2. Universal Tinting & Accessories, in the amount of \$12.80, made an overpayment on June 07, 2017 of 2016 taxes.  
(Geo. # 1537-999-1290-5034)
3. Magellan Midstream Partners, in the amount of \$20.00, made an overpayment on December 19, 2016 of 2016 taxes.  
(Geo. # A765-999-002T-0921)
4. Sandra Gonzalez and Jose R. Gonzalez, in the amount of \$45.99, made an overpayment on February 28, 2018 of 2017 taxes.  
(Geo. # E933-999-0050-2000)
5. Ali Bourselan, in the amount of \$11.68, made an overpayment on June 20, 2017 of 2016 taxes.  
(Geo. # L891-000-011E-1595)
6. Lone Star Title Co., in the amount of \$36.50, made an overpayment on January 26, 2017 of 2016 taxes.  
(Geo. # U819-999-008C-0620)
7. Rogelio Romero, in the amount of \$199.50, made an overpayment on January 31, 2017 of 2016 taxes.  
(Geo. # 0123-999-3025-0000)
8. Carlos Garibay, in the amount of \$13.44, made an overpayment on March 23, 2017 of 2016 taxes.  
(Geo. # 12LR-000-1195-7769)
9. 17<sup>th</sup> Street Investments LLC, in the amount of \$10.00, made an overpayment on January 31, 2017 of 2016 taxes.  
(Geo. # E014-999-0200-4100)
10. Rogelio Romero, in the amount of \$15.04, made an overpayment on January 23, 2017 of 2016 taxes.  
(Geo. # E054-999-0120-0650)

11. Roberto and Francisca M. Trejo, in the amount of \$24.72, made an overpayment on July 18, 2017 of 2016 taxes.

(Geo. # D539-999-0010-0700)

12. Wolff Family Rev Living Trust, in the amount of \$4.31, made an overpayment on August 15, 2016 of 2016 taxes.

(Geo. # H779-098-8450-0010)

---

Laura D. Prine  
City Clerk



---

Maria O. Pasillas, RTA  
Tax Assessor Collector



# Internal Audit Office

**MAYOR**  
Oscar Leoser

**DATE:** July 26, 2021

**TO:** Maria O. Pasillas, Tax Assessor/Collector

**CITY COUNCIL**

**FROM:** Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor 

District 1  
Peter Svarzbein

**SUBJECT:** Review of Tax Overpayment Refunds that Exceed Three Years

District 2  
Alexandra Annelo

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

District 3  
Cassandra Hernandez

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

District 4  
Joe Molinar

District 5  
Isabel Salcido

VANDERBILT MORTGAGE & FINANCE	14MH-000-0000-0011	\$10.00
UNIVERSAL TINTING & ACCESSORIES	1537-999-1290-5034	\$12.80
MAGELLAN MIDSTREAM PARTNERS	A765-999-002T-0921	\$20.00
GONZALEZ JOSE R	E933-999-0050-2000	\$45.99
BOURSELAN ALI	L891-000-011E-1595	\$11.68
LONE STAR TITLE CO	U819-999-008C-0620	\$36.50
OLIVAS PEDRO & MARIA	99MH-999-0000-0471	\$50.00

District 6  
Claudia L. Rodriguez

District 7  
Henry Rivera

District 8  
Cissy Lizarraga

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 9 to 12 days to process the applications received and send for review.

**CITY MANAGER**  
Tommy Gonzalez

The following refund application was not approved by the Tax Office upon review by the Internal Audit Office due to lack of receipt from taxpayer. The Tax Office was notified of the situation and the application was then approved for review.

OLIVAS PEDRO & MARIA	99MH-999-0000-0471	\$50.00
----------------------	--------------------	---------

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager  
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

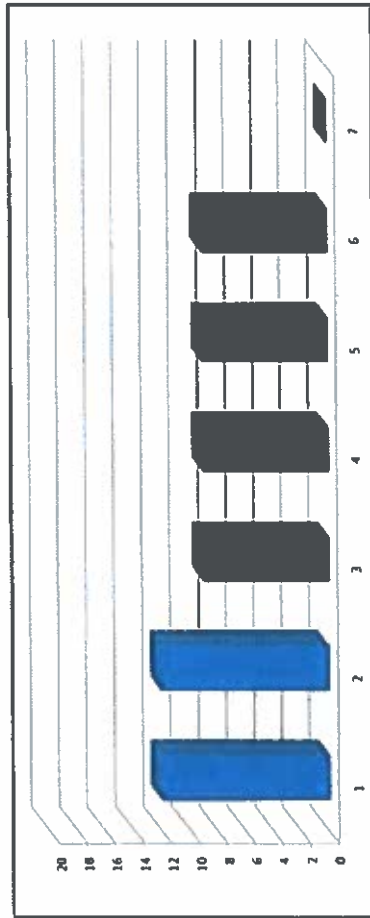
**Edmundo S. Calderon – Chief Internal Auditor**  
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901  
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso  
Internal Audit Office  
Tax Office Refund Project  
Week of 07/19/2021 Reviews- Over Three Years

#	Refund ID's	P.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment was Received to the Tax Office	Date Application was approved by the Tax Office	Date Tax Office Sent to Internal Audit for Review	Teach Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Reviewed Application	Comments
1	UNIVERSAL TINTING & ACCESSORIES	1537-999-1290-5034	\$12.80	7/9/2021	7/9/2021	7/16/2021	7/21/2021	12	7/26/2021	
2	BOURSELAN ALI	L891-000-011E-1595	\$11.68	7/22/2021	7/22/2021	7/16/2021	7/21/2021	12	7/26/2021	
3	VANDERBILT MORTGAGE & FINANCE	LJMH-000-0000-0011	\$10.00	7/16/2021	7/16/2021	7/16/2021	7/21/2021	9	7/26/2021	
4	MAGELLAN MIDSTREAM PARTNERS	A765-999-002T-4931	\$20.00	7/12/2021	7/12/2021	7/16/2021	7/21/2021	9	7/26/2021	
5	GONZALEZ JOSE R GARCIA SANDRA	E931-999-0050-2000	\$45.99	7/12/2021	7/12/2021	7/16/2021	7/21/2021	9	7/26/2021	
6	LONE STAR TITLE CO	LH19-999-008C-0620	\$36.50	7/12/2021	7/12/2021	7/15/2021	7/21/2021	9	7/26/2021	
7	OLIVAS PEDRO & MARIA	99MH-999-0000-0471	\$50.00	6/21/2021	See Comments	7/27/2021	7/21/2021	N/A	7/26/2021	Taxpayer cannot find original payment receipt.
			<b>\$186.97</b>							

Legend  
■ 11-20 Days  
■ 0-10 Days





# Internal Audit Office

**MAYOR**  
Oscar Leoser

**DATE:** August 2, 2021

**TO:** Maria O. Pasillas, Tax Assessor/Collector

**CITY COUNCIL**

**FROM:** Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor 

District 1  
Peter Svarzbein

**SUBJECT:** Review of Tax Overpayment Refunds that Exceed Three Years

District 2  
Alexandra Annelo

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

District 3  
Cassandra Hernandez

District 4  
Joe Molinar

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

District 5  
Isabel Salcido

ROGELIO ROMERO	0123-999-3025-0000	\$199.50
CARLOS GARIBAY	12LR-000-1195-7769	\$13.44
17 <sup>TH</sup> STREET INVESTMENTS LLC	E014-999-0200-4100	\$10.00
ROGELIO ROMERO	E054-999-0120-0650	\$15.04
TREJO ROBERTO & FRANCISCA M	D539-999-0010-0700	\$24.72
WOLFF FAMILY REV LIVING TRUST	H779-098-8450-0010	\$4.31
WOLFF FAMILY REV LIVING TRUST	H779-098-8450-0140	\$4.31

District 6  
Claudia L. Rodriguez

District 7  
Henry Rivera

District 8  
Cissy Lizarraga

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 7 to 22 days to process the applications received and send for review.

**CITY MANAGER**  
Tommy Gonzalez

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager  
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

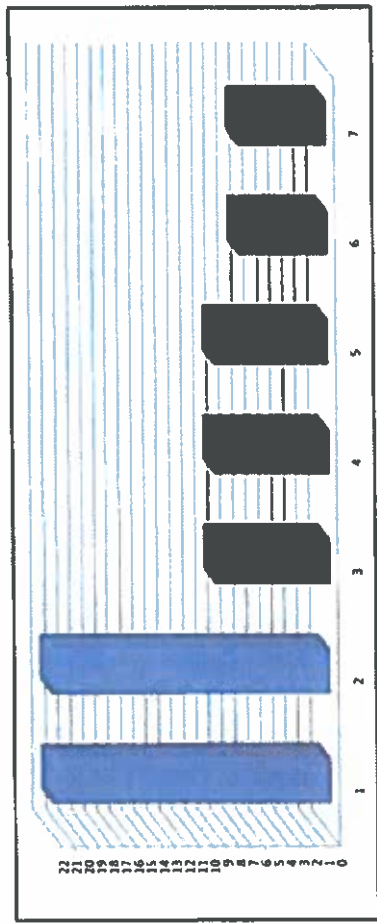
**Edmundo S. Calderon – Chief Internal Auditor**  
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901  
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso  
 Internal Audit Office  
 Tax Office Refund Project  
 Week of 07/26/2021 Reviews - Over Three Years

#	Refund To	E.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment was Received to the Tax Office	Date Application was approved by the Tax Office	Date Tax Office Sent to Internal Audit for Review	Weeks Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Reviewed Application	Comments
1	WOLFF FAMILY REV LIVING TRUST	11779-097-8450-0010	\$4.31	6/28/2021	7/6/2021	7/22/2021	7/28/2021	22	8/2/2021	
2	WOLFF FAMILY REV LIVING TRUST	11779-098-8450-0140	\$4.31	6/28/2021	7/6/2021	7/22/2021	7/28/2021	22	8/2/2021	
3	CARLOS GAMBAY	121R-000-1195-7769	\$13.44	7/19/2021	7/19/2021	7/21/2021	7/28/2021	9	8/2/2021	
4	177H STREET INVESTMENTS LLC	E014-999-0200-1100	\$10.00	7/19/2021	7/19/2021	7/21/2021	7/28/2021	9	8/2/2021	
5	ROBERTO AND FRACISCA TREJO	D539-999-0010-0700	\$24.72	7/19/2021	7/19/2021	7/21/2021	7/28/2021	9	8/2/2021	
6	ROGELIO ROMERO	0123-999-3025-0000	\$199.50	7/21/2021	7/21/2021	7/21/2021	7/28/2021	7	8/2/2021	
7	ROGELIO ROMERO	E054-999-0120-0850	\$15.04	7/21/2021	7/21/2021	7/21/2021	7/28/2021	7	8/2/2021	
			<u>\$271.32</u>							

Legend  
 21 19 Days  
 04 10 Days





**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, Vanderbilt Mortgage & Finance ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on November 13, 2017 in the amount of \$10.00 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 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 Vanderbilt Mortgage & Finance showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$10.00 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leaser  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

\_\_\_\_\_  
*Wendi N. Vineyard*  
Wendi N. Vineyard

**APPROVED AS TO CONTENT:**

\_\_\_\_\_  
*Maria O. Pasillas*  
Maria O. Pasillas. RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED

JUL 12 2021

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 www.elpasotexas.gov/tax-office

VANDERBILT MORTGAGE & FINANCE  
P.O. BOX 9800  
MARYVILLE, TN 37802

*Handwritten: P/3 yrs*

Geo No. 14MH-000-0000-0011	Prop ID 642959
Legal Description of the Property 1976 SEDONA 28X48 MOBILE HOME ONLY ON PERSONAL PROPERTY SERIAL # BUC003076AZA B LABEL # AR20341149 50  5379 LEAGUE RD  OWNER: GATTIS GERALD ALLEN II & KRYSTAL JEAN	

2017 OVERAGE AMOUNT \$10.00

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 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). 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:	Vanderbilt Mortgage & Finance		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address:	PO Box 9800		
	City, State, Zip:	Maryville, TN 37802		
	Daytime Phone No:	865-380-3000 ext 5439	E-Mail Address:	krissie.swan@vmf.com
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Payment made by:	Check No.	Date Paid	Amount Paid
	Vanderbilt	2722550	11/13/17	\$126.79
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
	Please check one of the following:			
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):			
SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
<i>Handwritten: Krissie Swan / VMF</i>		Krissie Swan / VMF 7/12/21		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>Handwritten: [Signature]</i> Date: 07/16/2021		

Notes

Go To :

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A11131765	14MH00000000011				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A11062065	11/03/2020	44796289	3237716	CH	\$240,940.80	\$120.66	AA	14MH00000000011	21530228-VANDERBILT M
	A12171981	12/17/2019	42283441	3101566	CH	\$116.44	\$116.44	PA	14MH00000000011	21530228-VANDERBILT M
	A10221878	10/22/2018	38700444	2906545	CH	\$12,649.94	\$118.18	PA	14MH00000000011	21530228-VANDERBILT M
	A11131765	11/13/2017	35953256	2722550	CH	\$126.79	\$10.00	LG	14MH00000000011	21530228-VANDERBILT M
	A11131765	11/13/2017	35953256	2722550	CH	\$126.79	\$116.79	PA	14MH00000000011	21530228-VANDERBILT M
	A11211673	11/21/2016	33031238	2533279	CH	\$115.70	\$115.70	PA	14MH00000000011	21530228-VANDERBILT M
	A11091576	11/09/2015	29795727	2332243	CH	\$119.00	\$119.00	PA	14MH00000000011	21530228-VANDERBILT M
	M141580435	11/30/2014	27272295	2209574	CH	\$182,690.84	\$124.15	PA	14MH00000000011	1580435-VANDERBILT MC

Applied Total \$840.92

**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, Universal Tinting through Universal Tinting & Accessories C/O Robert Yruegas Jr. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on June 07, 2017 in the amount of \$12.80 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Universal Tinting & Accessories C O Robert Yruegas Jr., showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$12.80 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.


**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor


**ATTEST:**

\_\_\_\_\_  
Laura D. Princ  
City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
 RECEIVED  
 JUL 09 2021

UNIVERSAL TINTING & ACCESSORIES  
 C/O ROBERT YRUEGAS JR  
 8409 LOCKHEED DR STE 22  
 EL PASO, TX 79925-1215

*OP*  
*Yruegas*

Geo No. 1537-999-1290-5034	Prop ID 652671
Legal Description of the Property INV FURN MACH CMP	
8409 LOCKHEED DR-22	
OWNER: UNIVERSAL TINTING & ACCESSORIES	

2016 OVERAGE AMOUNT \$12.80

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

Dear Taxpayer:

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

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Universal Tinting</i>			
	Address: <i>8409 Lockheed Dr.</i>			
	City, State, Zip: <i>EL PASO, TX 79925</i>			
	Daytime Phone No.:	<i>307-3493</i>	E-Mail Address:	<i>tnt-wizard@hotmail.com</i>
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
		<i>2463</i>	<i>6/7/17</i>	<i>\$502.81</i>
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 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	
<i>[Signature]</i>		<i>Roberto Yruegas Jr</i>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i>	Date: <i>07/16/2021</i>	

Notes

Go To :

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A06071741	153799912905034				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A11182075	11/12/2020	44907664	0038645602	CH	\$600.70	\$600.70	PA	153799912905034	UNIVERSAL TINTING & AI
	EC04142085	04/13/2020	44063884	CC003007114	EC	\$787.65	\$787.65	PA	153799912905034	28395704-ROBERT YRUE
	EC02261941	02/25/2019	40832024	CC002427319	EC	\$535.83	\$535.83	PA	153799912905034	27227813-ROBERT YRUE
	A11021741	11/02/2017	35860487	2582	CH	\$430.59	\$430.59	PA	153799912905034	UNIVERSAL TINTING & AI
	A06071741	06/07/2017	35424103	2463	CH	\$502.81	\$12.80	LG	153799912905034	UNIVERSAL TINTING & AI
	A06071741	06/07/2017	35424103	2463	CH	\$502.81	\$490.01	PA	153799912905034	UNIVERSAL TINTING & AI
	IP02251668	02/24/2016	31891384	CC001274009	CR	\$296.60	\$296.60	PA	153799912905034	24549849-ROBERT YRUE

Applied Total \$3,154.18

**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, Magellan Midstream Partners ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on December 19, 2016 in the amount of \$20.00 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Magellan Midstream Partners showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$20.00 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

*Wendi N. Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
RECEIVED  
JUL 12 2021

MAGELLAN MIDSTREAM PARTNERS  
ONE WILLIAMS CENTER  
P.O. BOX 22186  
TULSA, OK 74121-2186

*OP*  
*+3425 ✓*

Geo No. A765-999-002T-0921	Prop ID 111133
Legal Description of the Property 2 ASCARATE TR 9-X-1 (1.928 ACRES) 6325 TROWBRIDGE DR	
OWNER: CHEVRON U S A INC	

2016 OVERAGE AMOUNT **\$20.00**

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Magellan Midstream Partners</i>			
	Address: <i>One Williams Center, PO Box 22186 MD-27 ✓</i>			
	City, State, Zip: <i>Tulsa OK 74121-2186</i>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Daytime Phone No.:	<i>(918) 574-7637</i>	E-Mail Address:	<i>april.cathery@magellankinls.com</i>
	Payment made by:	Check No.	Date Paid	Amount Paid
		<i>2800439395</i>	<i>12/19/16</i>	<i>6890.11</i>
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
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.	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	
	<i>April Cathery</i>		<i>April Cathery 7/7/2021</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>07/16/2021</i>

v52.1.7 \* Refund expires 12/19/2021

Print Date: 06/08/2021

Notes

Go To :

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A12191673	A765999002T0921				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A01272165	01/27/2021	46343440	2800539567	CH	\$530 048 04	\$10 859 70	PA	A765999002T0921	24959490-MAGELLAN PIF
	B02052075	01/31/2020	43600258	2800525177	CH	\$551 531 74	\$11 050 99	PA	A765999002T0921	24959490-MAGELLAN PIF
	A02201986	02/20/2019	40789180	2800504284	CH	\$312 53	\$312 53	PA	A765999002T0921	24959490-MAGELLAN PIF
	A02081986	01/31/2019	40711854	2800502924	CH	\$580 603 53	\$7 449 69	AA	A765999002T0921	CHEVRON U S A INC
	A11141875	11/14/2018	38896549	2800496962	CH	\$10 545 46	\$10 545 46	PA	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$10 545 46	TR	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$10 545 46	TR	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$305 00	TR	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$10 240 46	TR	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$305 00	TR	A765999002T0921	24959490-MAGELLAN PIF
	R031218198	11/14/2018	38896549	2800496962	CH	\$0 00	\$10 240 46	TR	A765999002T0921	24959490-MAGELLAN PIF
	A12191673	12/19/2016	33396682	2800439395	CH	\$6 890 11	\$20 00	LG	A765999002T0921	7933-MAGELLAN MIDSTR
<b>Applied Total</b>							\$138 137 26			

**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, Sandra Gonzalez and Jose R. Gonzalez ("Taxpayers") have applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on February 28, 2018 in the amount of \$45.99 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 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 Sandra Gonzalez and Jose R. Gonzalez showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$45.99 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

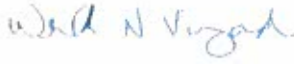
**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor


**ATTEST:**

\_\_\_\_\_  
Laura D. Princ  
City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
 RECEIVED  
 JUL 12 2021

GONZALEZ JOSE R  
 GARCIA SANDRA  
 3633 ANNAGILL ST  
 EL PASO, TX 79936-1369

*[Handwritten signature]*

Geo No. E933-999-0050-2000	Prop ID 371590
Legal Description of the Property 5 ESPER REPLAT A LOT 20 (5234.83 SQ FT)	
3633 ANNAGILL ST 79936	
OWNER: GONZALEZ JOSE R	

2017 OVERAGE AMOUNT \$45.99

1: CITY OF EL PASO. 6. COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 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:	Sandra Gonzalez / Jose R. Gonzalez		
	Address:	3633 Gonzalez		
	City, State, Zip:	El Paso Texas		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Daytime Phone No.:	(915) 799-6684		
	Payment made by:	Check No.	Date Paid	Amount Paid
		4456	2/28/18	\$1,276.49
	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/>	I want this payment applied to next year's taxes.		
	<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	
	<i>[Handwritten Signature]</i>		Sandra Gonzalez 7/8/2021	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Handwritten Signature]</i>	Date: 07/11/2021

Notes

Go To: [ ]

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
B03021865	E93399900502000				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M2022000001	12/18/2020	45355774	1194572	CH	\$48,366.101.53	\$3,426.38	PA	E93399900502000	2200-GOVERNMENT EMF
	A11081981	11/08/2019	41828298	5170671	CH	\$3,452.74	\$3,452.74	PA	E93399900502000	GONZALEZ JOSE R
	A04011990	04/01/2019	41050269	4489	CH	\$49.92	\$49.92	PA	E93399900502000	27217351-GONZALEZ SAI
	A02221990	02/22/2019	40806266	4482	CH	\$700.00	\$700.00	PA	E93399900502000	27217351-GONZALEZ SAI
	A02281986	02/15/2019	40850914	4483	CH	\$2,626.91	\$2,626.91	PA	E93399900502000	GONZALEZ JOSE R
	R030319498	02/15/2019	40850914	4483	CH	\$0.00	\$2,626.91	TR	E93399900502000	GONZALEZ JOSE R
	R030319498	02/15/2019	40850914	4483	CH	\$0.00	\$2,626.91	TR	E93399900502000	GONZALEZ JOSE R
	R030319498	01/31/2019	40850914	4483	CH	\$0.00	\$2,626.91	TR	E93399900502000	GONZALEZ JOSE R
	R030319498	01/31/2019	40850914	4483	CH	\$0.00	\$2,626.91	TR	E93399900502000	GONZALEZ JOSE R
	B03021865	02/28/2018	37923421	4456	CH	\$1,276.49	\$45.99	LG	E93399900502000	GONZALEZ JOSE R
	B03021865	02/28/2018	37923421	4456	CH	\$1,276.49	\$1,230.50	PA	E93399900502000	GONZALEZ JOSE R
	RC210721	02/28/2018	37923421	4456	CH	\$45.99	\$45.99	TR	E93399900502000	29927956-GONZALEZ SAI

Applied Total \$61,917.36

**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, Ali Boureslan ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on June 20, 2017 in the amount of \$11.68 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Ali Boureslan showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$11.68 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leeser  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

*Wendi N. Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
 RECEIVED  
 JUL 09 2021

BOURSELAN ALI  
 3616 MCRAE BLVD STE A  
 EL PASO, TX 79925-1426

OP  
 + 3 yrs ✓

Geo No. L891-000-011E-1595	Prop ID 400572
Legal Description of the Property 11 LOWER VALLEY TR 5-A-28 (12.34 ACRES)	
OWNER: BOURSELAN ALI	

2016 OVERAGE AMOUNT \$11.68 ✓

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 20: TORNILLO ISD, 27: EMERG. SERVICES DIST. #2, 30: TORNILLO WATER DISTRICT

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 whom ever will be receiving the refund.	Who should the refund be issued to:			
	Name:	ALI BOURSELAN		
	Address:	10009 ALBUM AVE ✓		
	City, State, Zip:	EL PASO, TX 79925		
Daytime Phone No.:		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	Amount Paid
		2115	6/20/17	\$63.25
	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 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	
Ali Bourcelan		Ali Bourcelan 7/2/21 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: [Signature] Date: 07/16/2021 ✓		

Notes

Go To

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A06201775	L891000011E1595				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC01202198	01/19/2021	46151859	CC003442048	EC	\$79.39	\$79.39	PA	L891000011E1595	29207666-ALI S BOURES
	A01222092	01/22/2020	43051713	1285	CH	\$22,133.60	\$77.40	PA	L891000011E1595	BOURSELAN ALI
	A01141975	01/14/2019	39895112	1262	CH	\$21,622.26	\$45.23	PA	L891000011E1595	BOURSELAN ALI
	A01231883	01/23/2018	37163523	1223	CH	\$20,808.84	\$45.37	PA	L891000011E1595	BOURSELAN ALI
	A06201775	06/20/2017	35454211	2115	CH	\$63.25	\$11.68	LG	L891000011E1595	BOURSELAN ALI
	A06201775	06/20/2017	35454211	2115	CH	\$63.25	\$51.57	PA	L891000011E1595	BOURSELAN ALI
	RC210716	06/20/2017	35454211	2115	CH	\$11.68	\$11.68	TR	L891000011E1595	BOURSELAN ALI
	RC210716	06/20/2017	35454211	2115	CH	\$11.68	\$11.68	TR	L891000011E1595	29922169-BOURES
	X0127162010	01/27/2016	31315747	00370	CH	\$29,858.96	\$42.68	PA	L891000011E1595	BOURSELAN ALI
	X0123152010	01/23/2015	28168719	00226	CH	\$21,354.70	\$42.66	PA	L891000011E1595	BOURSELAN ALI
	A05201469	05/20/2014	26252643	266	CH	\$47.56	\$47.56	PA	L891000011E1595	BOURSELAN ALI
	X0128132007	01/28/2013	22670217	00104	CH	\$27,312.45	\$40.89	PA	L891000011E1595	BOURSELAN ALI

Applied Total \$1,195.38



**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, Lone Star Title through Lone Star Title Co. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 26, 2017 in the amount of \$36.50 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Lone Star Title Co. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$36.50 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leescer  
Mayor

**ATTEST:**

\_\_\_\_\_  
Laura D. Princ  
City Clerk

**APPROVED AS TO FORM:**

*Wendi N. Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

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



TAX OFFICE RECEIVED

JUL 12 2021

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 www.elpasotexas.gov/tax-office

LONE STAR TITLE CO  
6701 N MESA  
EL PASO, TX 79912

Handwritten initials and checkmarks: "OP" with a checkmark, "X 3/20" with a checkmark.

Geo No. U819-999-008C-0620	Prop ID 377623
Legal Description of the Property 8 UPPER VALLEY TR 6-C-1-E (0.978 ACRES) 5550 CORY DR	
OWNER: HOLMES JOHN & ANGELA	
2016 OVERAGE AMOUNT \$36.50	

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

Dear Taxpayer:

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

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Lone Star Title ✓			
	Address: 6701 N. MESA			
	City, State, Zip: EL PASO, TX 79112			
Daytime Phone No: 915 833 1552		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	Amount Paid
	Lone Star Title	347715	1/26/17	\$16,693.98
	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 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	
[Handwritten Signature]		7-12-21 ✓		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 07/15/2021 ✓

Notes

Go To

LUZR  
ACT80122 v1.90

08/03/2021 12:18:52  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A01261741	U819999008C0620				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	M20800000001	12/15/2020	45278757	201214123540	EF	241,485 823 54	\$23 536 39	PA	U819999008C0620	800000-CORELOGIC
	M19800000001	12/16/2019	42270898	191213175283	EF	220,479 351 04	\$22 806 77	PA	U819999008C0620	800000-CORELOGIC
	M18A27000001	01/11/2019	39900069	19011142806	EF	\$52,495 880 15	\$22 196 47	PA	U819999008C0620	2700-LERETA LLC
	M17RE1800001	12/18/2017	36356004	171215192214	EF	232,569 225 62	\$17 500 92	PA	U819999008C0620	800000-CORELOGIC
	A01261741	01/26/2017	34332879	347715	CH	\$16 693 98	\$16 657 48	PA	U819999008C0620	22530840-LONE STAR TIT
	<b>A01261741</b>	<b>01/26/2017</b>	<b>34332879</b>	<b>347715</b>	<b>CH</b>	<b>\$16 693 98</b>	<b>\$36 50</b>	<b>LG</b>	<b>U819999008C0620</b>	<b>22530840-LONE STAR TIT</b>
	RD2606975	10/19/2016	20277647	0000199666	CH	\$32 58	\$32 58	RD	U819999008C0620	MANSFIELD DAVID & SH
*	X0208161000	01/31/2016	31739176	02509	CH	\$16 561 80	\$16 561 80	PA	U819999008C0620	MANSFIELD DAVID & SH
*	X0205151049	01/31/2015	28762902	02160	CH	\$16 668 73	\$16 668 73	PA	U819999008C0620	MANSFIELD DAVID & SH
*	X0203141068	01/31/2014	25610166	01703	CH	\$16 355 40	\$16 355 40	PA	U819999008C0620	MANSFIELD DAVID & SH
*	X0201131025	01/31/2013	22940314	01524	CH	\$15 884 61	\$15 884 61	PA	U819999008C0620	MANSFIELD DAVID & SH
	A02011241	01/31/2012	20277647	100215	CH	\$15 656 35	\$15 623 77	PA	U819999008C0620	20951465-LAWYERS TITL

Applied Total \$334,089.00

**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, Rogelio Romero ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 31, 2017 in the amount of \$199.50 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Rogelio Romero showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$199.50 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.


**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

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



TAX OFFICE RECEIVED  
JUL 21 2021

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 www.elpasotexas.gov/tax-office

ROGER ROMERO ROOFING CO  
C/O ROGELIO ROMERO  
10902 LAKEWOOD AVE  
EL PASO, TX 79935-3402

*Handwritten:* X BYRS ✓

Geo No. 0123-999-3025-0000	Prop ID 416963
Legal Description of the Property INV FURN MACH VEH SIGN 49 N BOONE ST	
OWNER: ROGER ROMERO ROOFING CO	

2016 OVERAGE AMOUNT \$199.50 ✓

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

Dear Taxpayer:

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

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Rogelio Romero			
	Address: 10902 LAKEWOOD AVE ✓			
	City, State, Zip: EL PASO TX 79935			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No: (915) 778 4280		E-Mail Address: rogerromero59@elpaso.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
		CK 19433	1/31/17	815.12
	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.	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	
	<i>Handwritten Signature</i>		Rogelio Romero	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Handwritten Signature</i> Date: 07/21/2021				

Notes

Go To

LUZR  
ACT80122 v1.90

08/04/2021 16:20:21  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.  
 X0206171026 012399930250000

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
*	T01222100011	01/22/2021	46287923	20756	CH	\$1,199.48	\$1,199.48	PA	012399930250000	ROGER ROMERO ROOFI
*	T01312000006	01/31/2020	43500394	20510	CH	\$1,298.36	\$1,298.36	PA	012399930250000	ROGER ROMERO ROOFI
*	T01301900002	01/30/2019	40506491	20222	CH	\$864.54	\$864.54	PA	012399930250000	ROGER ROMERO ROOFI
*	T01181840003	01/18/2018	37109924	19826	CH	\$3,876.57	\$743.33	PA	012399930250000	ROGER ROMERO ROOFI
	R030521967	01/31/2017	34767053	19433	CH	\$0.00	\$0.50	TR	012399930250000	ROGER ROMERO ROOFI
	R030521967	01/31/2017	34767053	19433	CH	\$0.00	\$0.50	LG	012399930250000	ROGER ROMERO ROOFI
*	X0206171026	01/31/2017	34767053	19433	CH	\$815.12	\$615.12	PA	012399930250000	ROGER ROMERO ROOFI
*	X0206171026	01/31/2017	34767053	19433	CH	\$815.12	\$200.00	LG	012399930250000	ROGER ROMERO ROOFI
*	X0204161014	01/31/2016	31761367	19001	CH	\$526.38	\$526.38	PA	012399930250000	ROGER ROMERO ROOFI
*	X0202151036	01/31/2015	28530687	18501	CH	\$451.81	\$451.81	PA	012399930250000	ROGER ROMERO ROOFI
	A03111472	03/11/2014	25985117	18166	CH	\$420.22	\$420.22	PA	012399930250000	ROGER ROMERO ROOFI
*	X0201131012	01/31/2013	22939510	17747	CH	\$325.70	\$325.70	PA	012399930250000	ROGER ROMERO ROOFI

Applied Total \$10,644.29

**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, Carlos Garibay through Darrington Self Storage C/O Carlos Garibay ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 23, 2017 in the amount of \$13.44 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Darrington Self Storage C/O Carlos Garibay showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$13.44 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

*Wendi N. Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
RECEIVED  
JUL 19 2021

DARRINGTON SELF STORAGE  
C/O CARLOS GARIBAY  
14360 ROARING SPRINGS DR  
EL PASO, TX 79928-7321

*Handwritten:* 134125 ✓

Geo No. 12LR-000-1195-7769	Prop ID 627889
Legal Description of the Property FURN 1501 DARRINGTON RD	
OWNER: DARRINGTON SELF STORAGE	
2016 OVERAGE AMOUNT \$13.44	

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 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). Governing body approval is required for refunds in excess of \$2500.

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:		
	Name: CARLOS GARIBAY		
	Address: 14360 ROARING SPRINGS DR.		
	City, State, Zip: EL PASO, TX, 79928		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No:	915 7538123	E-Mail Address:
	Payment made by:	Check No.	Date Paid
	Maryjester	R1071030775880	3/23/17
	Amount Paid: \$75.29		
TOTAL AMOUNT PAID (sum of the above amounts)			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:		
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.		
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/> I want this payment applied to next year's taxes.		
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )		
	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE	
<i>June 7/21/21</i>	<i>Carlos Garibay</i>	CARLOS GARIBAY	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: 07/20/2021



Notes

Go To

LUZR  
ACT80122 v1.90

08/04/2021 16:20:21  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A03231777	12LR00011957769				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A04212179	04/21/2021	47319691	1971	CH	\$393.54	\$121.22	PA	12LR00011957769	27002776-GARIBAY CARL
	O012319242	01/23/2019	40218836	1877	CH	\$70.37	\$70.37	PA	12LR00011957769	27002777-DARRINGTON S
	A01191878	01/19/2018	37085690	1836	CH	\$9,261.21	\$56.57	PA	12LR00011957769	DARRINGTON SELF STO
	<b>A03231777</b>	<b>03/23/2017</b>	<b>35120887</b>	<b>R107630775880</b>	<b>CH</b>	<b>\$75.29</b>	<b>\$13.44</b>	<b>LG</b>	<b>12LR00011957769</b>	<b>DARRINGTON SELF STO</b>
	A03231777	03/23/2017	35120887	R107630775880	CH	\$75.29	\$61.85	PA	12LR00011957769	DARRINGTON SELF STO
	RI01121774	12/27/2016	33532349	02102	CH	\$1,121.73	\$2.00	LG	12LR00011957769	DARRINGTON SELF STO
	RI01121774	12/27/2016	33532349	02102	CH	\$1,121.73	\$56.74	RX	12LR00011957769	DARRINGTON SELF STO
	X1227162002	12/27/2016	33532349	02102	CH	\$1,121.73	\$56.74	PA	12LR00011957769	DARRINGTON SELF STO
	X1227162002	12/27/2016	33532349	02102	CH	\$1,121.73	\$2.00	LG	12LR00011957769	DARRINGTON SELF STO
	A01281677	01/28/2016	31333493	1726	CH	\$4,127.00	\$80.02	PA	12LR00011957769	DARRINGTON SELF STO

Applied Total 5403.47

**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, 17<sup>th</sup> Street Investments LLC ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 31, 2017 in the amount of \$10.00 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 17<sup>th</sup> Street Investments LLC showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$10.00 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.


**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor


**ATTEST:**

\_\_\_\_\_  
Laura D. Princ  
City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vincyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax

**TAX OFFICE RECEIVED**

Geo No. E014-999-020	JUL 19 2021	Prop ID 12719
Legal Description of the Property 20 EAST EL PASO 13 TO 16 (14000 SQ FT)		
3223 ALAMEDA AVE		
OWNER: 17TH STREET INVESTMENTS LLC		
2016 OVERAGE AMOUNT		\$10.00

17TH STREET INVESTMENTS LLC  
 4760 EMORY RD  
 EL PASO, TX 79922-1822

*OP*  
*X 3/21/21*

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

Dear Taxpayer:

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

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund	Who should the refund be issued to:			
	Name: 17TH STREET INVESTMENTS LLC			
	Address: 4760 EMORY RD			
	City, State, Zip: EL PASO TX 79922			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Daytime Phone No.: 915.490.6751		E-Mail Address: linda@brightbolt.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	17th Street Investments LLC	01093	11/31/17	\$6,393.89
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
<i>Linda B. Trotter</i>		Linda B. Trotter		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: <i>7/21/21</i>				

Notes

Go To:

LUZR  
ACT80122 v1.90

ACCOUNT NO (E01499902004100): PAID AGREEMENT #00001571 ACCOUNT: E01499902004100. BEGIN DATE: 06/02/2006. END DATE: 06/02/2006. MONTHLY PAYMENT AMOUNT: \$1,276.36.

08/04/2021 16:20:21  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
X0201171018	E01499902004100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
*	T02032100010	02/01/2021	46796829	01107	CH	\$7,190.29	\$7,190.29	PA	E01499902004100	17TH STREET INVESTME
	A02242090	02/24/2020	43784269	1105	CH	\$50.17	\$50.17	PA	E01499902004100	17TH STREET INVESTME
	A02172081	02/17/2020	43742802	1103	CH	\$716.78	\$716.78	PA	E01499902004100	17TH STREET INVESTME
*	T01312000005	01/31/2020	43499962	01101	CH	\$7,069.20	\$7,069.20	PA	E01499902004100	17TH STREET INVESTME
*	T01251900010	01/25/2019	40287755	01098	CH	\$6,893.49	\$6,893.49	PA	E01499902004100	17TH STREET INVESTME
*	T01301840002	01/30/2018	37488127	01096	CH	\$6,707.96	\$6,707.96	PA	E01499902004100	17TH STREET INVESTME
*	X0201171018	01/31/2017	34619406	01093	CH	\$6,393.89	\$6,383.89	PA	E01499902004100	17TH STREET INVESTME
*	X0201171018	01/31/2017	34619406	01093	CH	\$6,393.89	\$10.00	LG	E01499902004100	17TH STREET INVESTME
	EC02011668	01/30/2016	31543155	CC001236360	EC	\$6,282.34	\$6,282.34	PA	E01499902004100	24441791-RANDY TROTTE
*	X0121151002	01/21/2015	28079529	01088	CH	\$6,146.15	\$6,146.15	PA	E01499902004100	17TH STREET INVESTME
*	X0127141003	01/27/2014	25314064	01087	CH	\$5,975.40	\$5,975.40	PA	E01499902004100	17TH STREET INVESTME
	A03131365	03/13/2013	23242722	1083	CH	\$6,254.14	\$6,254.14	PA	E01499902004100	17TH STREET INVESTME
<b>Applied Total</b>							\$146,458.79			

**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, Rogelio Romero ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 23, 2017 in the amount of \$15.04 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Rogelio Romero showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$15.04 is approved.

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.


**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leeser  
Mayor


**ATTEST:**

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

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
\_\_\_\_\_  
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 www.elpasotexas.gov/tax-office

TAX OFFICE  
 RECEIVED  
 JUL 21 2021

ROMERO ROGELIO  
 10902 LAKEWOOD AVE  
 EL PASO, TX 79935-3402

*Handwritten:* OP / +34125 ✓

Geo No. E054-999-0120-0650	Prop ID 412791
Legal Description of the Property 12 EAST GLEN PT OF 2 BEG 621.70 FT S OF NWC (119.87 FT ON N 50.06 FT ON E 119.87 FT ON S 50.06 FT W)	
2505 RED SAILS DR-B	
OWNER: ROMERO ROGELIO	

2016 OVERAGE AMOUNT \$15.04

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

Dear Taxpayer:

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

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Rogelio Romero ✓			
	Address: 10902 Lakewood Ave. ✓			
	City, State, Zip: EL PASO TX 79935			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No. (915) 355 7109	E-Mail Address: rogierromeros@att.net ✓		
	Payment made by:	Check No. 02025	Date Paid 1/23/17	Amount Paid \$7,852.48
	TOTAL AMOUNT PAID (sum of the above amounts)			
	<b>Step 3. Provide reason for this refund.</b> Please check one of the following:			
Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
<i>Handwritten Signature</i> June 7/21/21		Rogelio Romero ✓ Date: 07/21/2021		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Signature</i> Date:				

Notes

Go To

LUZR  
ACT80122 v1.90

08/04/2021 16:20:21  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
X0123172003	E05499901200650				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
*	T01292100006	01/29/2021	46574685	03113	CH	\$4,187.31	\$4,187.31	PA	E05499901200650	ROMERO ROGELIO
*	T01032000004	01/03/2020	42650339	02953	CH	\$4,068.80	\$4,068.80	PA	E05499901200650	ROMERO ROGELIO
*	T01071900016	01/07/2019	39800145	02694	CH	\$11,523.32	\$4,042.84	PA	E05499901200650	ROMERO ROGELIO
*	T01181840003	01/18/2018	37109923	02383	CH	\$7,388.25	\$3,936.67	PA	E05499901200650	ROMERO ROGELIO
*	X0123172003	01/23/2017	34218803	02025	CH	\$7,852.48	\$15.04	LG	E05499901200650	ROMERO ROGELIO
*	X0123172003	01/23/2017	34218803	02025	CH	\$7,852.48	\$3,874.55	PA	E05499901200650	ROMERO ROGELIO
*	X1209152000	12/09/2015	30224151	01466	CH	\$7,093.75	\$3,663.29	PA	E05499901200650	ROMERO ROGELIO
*	X0120151019	01/20/2015	28041719	01203	CH	\$3,622.18	\$3,622.18	PA	E05499901200650	ROMERO ROGELIO
	A01161465	01/16/2014	25041426	100709	CH	\$3,557.58	\$3,557.58	PA	E05499901200650	ROMERO ROGELIO
	A02111354	01/31/2013	23052120	4186	CH	\$3,422.72	\$3,422.72	PA	E05499901200650	ROMERO ROGELIO
	A12061154	12/06/2011	19252147	3924	CH	\$964.09	\$964.09	PA	E05499901200650	ROMERO ROGELIO
	A12061154	12/06/2011	19252146		CA	\$2,400.00	\$2,400.00	PA	E05499901200650	ROMERO ROGELIO

Applied Total \$77,736.93

**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, Roberto and Francisca M. Trejo ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on July 18, 2017 in the amount of \$24.72 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Roberto and Francisca M. Trejo showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$24.72 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leoser  
Mayor

**ATTEST:**

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

**APPROVED AS TO FORM:**

*Wendi N. Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

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





JUL 19 2021

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 www.elpasotexas.gov/tax-office

TAX OFFICE  
RECEIVED

JUL 19 2021

TREJO ROBERTO & FRANCISCA M  
4019 CHURCH AVE  
EL PASO, TX 79930-6639

OP  
+ 3yrs

Geo No. D539-999-0010-0700	Prop ID 211345
Legal Description of the Property 1 DICHARA LOT 7 (6235 SQ FT) 4019 CHURCH AVE 79930	
OWNER: TREJO ROBERTO & FRANCISCA M	

2016 OVERAGE AMOUNT \$24.72 ✓

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

Dear Taxpayer:

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

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Roberto and Francisca Trejo			
	Address: 4019 Church			
	City, State, Zip: El Paso, TX, 79930			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	915-560-7809	E-Mail Address:	φ
	Payment made by:	Check No.	Date Paid	Amount Paid
	R207433002040 7/18/17 \$225.27 (cannot find anymore)			
	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.	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	
Francisca Trejo		FRANCISCA TREJO 07/18/21		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 07/18/2021

Que 7/21/21

Notes

Go To:

LUZR  
ACT80122 v1.90

08/04/2021 16:20:21  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No	Check No.	Payment Amount	Payment Agreement No.
A07181775	D53999900100700				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	A12061889	12/06/2018	39153061		CA	\$280.00	\$265.05	PA	D53999900100700	TREJO ROBERTO & FRAI
	A06131881	06/13/2018	38372654		CA	\$234.00	\$233.65	PA	D53999900100700	TREJO ROBERTO & FRAI
	A05091878	05/09/2018	38236741		CA	\$250.00	\$233.68	PA	D53999900100700	TREJO ROBERTO & FRAI
	A03151883	03/15/2018	37998065		CA	\$240.00	\$233.68	PA	D53999900100700	TREJO ROBERTO & FRAI
	A01111865	01/11/2018	36938042		CA	\$250.00	\$233.68	PA	D53999900100700	TREJO ROBERTO & FRAI
	A07181776	07/18/2017	35529601	R207433002040	CH	\$225.27	\$24.72	LG	D53999900100700	TREJO ROBERTO & FRAI
	A07181775	07/18/2017	35529601	R207433002040	CH	\$225.27	\$200.55	PA	D53999900100700	TREJO ROBERTO & FRAI
	A05171741	05/17/2017	35331308	1605031479	CH	\$225.28	\$225.28	PA	D53999900100700	TREJO ROBERTO & FRAI
	A02271779	02/27/2017	34942343		CA	\$250.00	\$250.00	AA	D53999900100700	TREJO ROBERTO & FRAI
*	X1219161005	12/19/2016	33403236	02071	CH	\$225.28	\$225.28	PA	D53999900100700	TREJO ROBERTO & FRAI
	A07181641	07/18/2016	32493735	1605028161	CH	\$219.76	\$219.76	PA	D53999900100700	TREJO ROBERTO & FRAI
	A05161665	05/16/2016	32257109	1605027531	CH	\$219.79	\$219.79	PA	D53999900100700	TREJO ROBERTO & FRAI
<b>Applied Total</b>							\$21,840.60			

**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, Wolff Family Rev. Living Trust ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on August 15, 2016 in the amount of \$4.31 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 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 Wolff Family Rev. Living Trust showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$4.31 is approved.

**APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2021.


**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leecer  
Mayor


**ATTEST:**

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

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Wendi N. Vincyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

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

OP ✓  
+34125

p 1 of 2

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

TAX OFFICE  
RECEIVED  
JUL 06 2021

**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: Wolff Family Rev Living Trust ✓		Phone: HOME: 6148364049 WORK:		Property ID# (One application per account) 61280 H779-098-8450-0010	
Address (mail refund to :) 4879 Bay Grove Ct Groveport Oh 43125		Property Address: And/or Legal Description: Glenmont Ave Clint, Texas 845 Horizon city 98 Lot 1			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2012 to 2016	Aug 15 2016	2044	Aug 9 2016	.55	4.31 ✓
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				.55	

(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: I intended you to keep the balance on the account and for you to draw down the balance each year so that you would not need to send a bill. I in fact have not received any bill since I last paid in 2016. In addition I never received any refund. When I looked at the online receipt it had the old address on it so my guess is that the address of record was not changed before the refund was issued. Thank you.

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

*Claudia A Eschelbach*

Date: June 28, 2021 ✓

Requestor signature:

Claudia A. Eschelbach

successor trustee

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:

NO REFUND APPROVED ✓

Tax Office Approval:

*[Signature]*  
*June 7/22/21*

Date:

*07/22/2021*

Date:

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

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

**DEPOSIT** Remittance Detail

**Summary Query** Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A08151665	H77909884500010				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A07022190	06/30/2021	47580028	1012	CH	\$1.18	\$0.59	PA	H77909884500010	THE WOLFF FAMILY REV
	R0108141774	11/17/2016	32580933	0000199947	CH	\$4.31	\$4.31	RV	H77909884500010	THE WOLFF FAMILY REV
	RD2626218	11/17/2016	32580933	0000199947	CH	\$4.31	\$4.31	RD	H77909884500010	THE WOLFF FAMILY REV
	R92016ACT	10/12/2016	32580933	2044	CH	\$0.00	\$0.00	TR	H77909884500010	THE WOLFF FAMILY REV
	RC210722	10/12/2016	32580933	2044	CH	\$4.31	\$4.31	TR	H77909884500010	THE WOLFF FAMILY REV
	RC210722	10/12/2016	32580933	2044	CH	\$4.31	\$4.31	TR	H77909884500010	29930174-WOLFF FAMILY
	<b>A08151665</b>	<b>08/15/2016</b>	<b>32580933</b>	<b>2044</b>	<b>CH</b>	<b>\$10.00</b>	<b>\$5.00</b>	<b>AA</b>	<b>H77909884500010</b>	<b>THE WOLFF FAMILY REV</b>
	R8012111JB	12/05/2011	18473480	28422	CH	\$0.14	\$0.14		H77909884500010	THE WOLFF FAMILY REV
	R8012102JB	12/29/2010	16248359	155786	CH	\$0.14	\$0.14		H77909884500010	THE WOLFF FAMILY REV
	R8012091JB	12/17/2009	13989167	152124	CH	\$0.14	\$0.14		H77909884500010	THE WOLFF FAMILY REV
	R8001091JB	01/29/2009	11698711	145876	CH	\$0.09	\$0.09		H77909884500010	THE WOLFF FAMILY REV
	R8001081JB	01/02/2008	9632831	138875	CH	\$0.09	\$0.09		H77909884500010	THE WOLFF FAMILY REV

Applied Total \$7.38