

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

DEPARTMENT:

AGENDA DATE:

PUBLIC HEARING DATE:

CONTACT PERSON NAME:

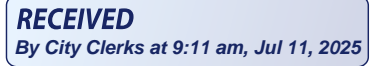
PHONE NUMBER:

DISTRICT(S) AFFECTED:

STRATEGIC GOAL:

SUBGOAL:

SUBJECT:



BACKGROUND / DISCUSSION:

COMMUNITY AND STAKEHOLDER OUTREACH:

PRIOR COUNCIL ACTION:

AMOUNT AND SOURCE OF FUNDING:

REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:

NAME	AMOUNT (\$)

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

DEPARTMENT HEAD: _____

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

TAX REFUNDS OVER \$2,500
July 22, 2025

RECEIVED

By City Clerks at 9:10 am, Jul 11, 2025

1. Covius Title Agency, in the amount of \$12,514.44, made an overpayment on June 27, 2024 of 2023 taxes.
(Geo. # C801-999-0080-7790)
2. Josue Toledano Jr, in the amount of \$4,977.54, made an overpayment on January 28, 2025 of 2024 taxes. Corrected name from the July 8, 2025 City Council agenda.
(Geo. #S505-000-0010-0400)
3. Lubbock Christian University, in the amount of \$2,550.74 made an overpayment on January 14, 2025 of 2024 taxes.
(Geo. #X579-999-308A-9657)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

JUN 30 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

COVIUS SETTLEMENT SERVICES LLC
2001 NE 46TH STREET SUITE 25
KANSAS CITY, MO 64116

OP +2500

Geo No. C801-999-0080-7790	Prop ID 232398
Legal Description of the Property 8 CORONADO COUNTRY CLUB ESTS #7 LOT 35 (21752 SQ FT)	
1109 CERRITO FELIZ LN 79912	
OWNER: LICON EDUARDO A	

2023 OVERAGE AMOUNT \$12,514.44

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: Covius Title Agency			
	Address: 2150 S. Central Expressway, Ste 200 ✓			
	City, State, Zip: McKinney, TX 75070			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 469-240-5844		E-Mail Address: Rachel.Spinks@covius.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	2520	06/27/2024	\$320,715.31
	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		
E.M. 7/1/2025 Rachel Spinks		Rachel Spinks 06/30/2025		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: JMC Date: 7/1/25				

credit card

OP ✓
+2500

TAX OFFICE
RECEIVED

JUN 09 2025

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: JOSUE TOLEDANO JR ✓	Phone: (323) 652-7355 HOME: WORK:	Property ID# (One application per account) 5505-000-0010-0400 668522
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Address (mail refund to): 202 CRAFTSMAN DR. DOTHAN, AL 36303 ✓	Property Address: And/or Legal Description: 1021 AERODYNE PL EL PASO, TX 79928
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Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	28 JAN 25		\$ 4977.54	\$ 4977.54
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			\$ 4977.54 ✓	

(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: 1. I LOCK CH THE WRONG PROPERTY TAX DATE. THEN
I PAID AND NOW THE CITY ACKNOWLEDGES THAT THEY HOLD THE SUM OF
4977.54 please refund when available.

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

Requestor signature:

Date: 09 JUNE 25

Printed name:

JOSUE TOLEDANO JR

Title:

MR. ✓

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 receives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

(4) REFUND APPROVED

Tax Office Approval:

NA
fme 6/12/25

Date: 6-11-25

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:



TAX OFFICE
RECEIVED

JUL 01 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

LUBBOCK CHRISTIAN UNIVERSITY
C/O RAYMOND RICHARDSON
5601 19TH STREET
LUBBOCK, TX 79407-2031

OP +2800 ✓

Geo No. X579-999-308A-9657	Prop ID 117438
Legal Description of the Property 79 TSP 3 SEC 8 T & P SURV TR 17-C-169 (0.9898 AC) 79936 OWNER: QT SOUTH LLC	

2024 OVERAGE AMOUNT \$2,550.74

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: LUBBOCK CHRISTIAN UNIVERSITY			
	Address: 5601 19th Street ✓			
	City, State, Zip: Lubbock TX 79407			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 806 796 8800 ext 7303		E-Mail Address: FINANCE@LCU.EDU	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	21114	01/14/2025	\$11,915.51
	TOTAL AMOUNT PAID (sum of the above amounts)			11,915.51
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.			
Step 4. Sign the form. Unsigned applications cannot be processed. E.M 7/2/25	<input checked="" type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): Prop ID 16379 - 2024 taxes			
	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) [Signature]		PRINTED NAME & DATE Tim Miller 6-26-2025	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 7/2/25			

changed to refund 7/2/25