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

AGENDA DATE: September 24, 2024

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? X YES NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD:

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

Revised 04/09/2021

#### TAX REFUNDS OVER THREE (3) YEARS September 24, 2024

 Brotherhood MC Shop, Daniel Loya, in the amount of \$36.87, made an overpayment on March 31, 2021 of 2020 taxes. (Geo. #1064-999-1124-6034)

2. Ignacio Sotelo & Veronica Sotelo, in the amount of \$35.00, made an overpayment on January 27, 2021 of 2020 taxes.

(Geo. #A438-999-0050-0800)

3. Luis Raul Alejandro Rios, in the amount of \$47.57, made an overpayment on July 30, 2021 of 2020 taxes.

(Geo. #A642-999-0220-6500)

4. Laura Trejo, in the amount of \$125.61, made an overpayment on March 19, 2021 of 2020 taxes.

(Geo. #C793-999-0010-7300)

5. Rodolfo Hernandez, in the amount of \$300.00, made an overpayment on January 29, 2021 of 2020 taxes.

(Geo. #E207-999-0290-1300)

6. Pronto Mortgage LLC, in the in the amount of \$365.95, made an overpayment on January 27, 2021 of 2020 taxes.

(Geo. #H453-999-1170-0100)

7. Del Sol Title Company, in the amount of \$58.59, made an overpayment on April 30, 2021 of 2020 taxes.

(Geo. #H753-005-0260-0090)

8. Del Sol Title Company, in the amount of \$23.41, made an overpayment on July 06, 2021 of 2020 taxes.

(Geo. #M452-999-0100-2100)

9. Lone Star Title Company, in the amount of \$10.76, made an overpayment of November 16, 2020 of 2020 taxes.

(Geo. #S075-000-019M-4240)

10. Stewart Title Company, in the amount of \$82.28, made an overpayment on December 22, 2020 of 2020 taxes.

(Geo. #T287-999-5160-2500)

Maria O. Pasillas, RTA
Tax Assessor Collector

Laura D. Prine City Clerk

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR

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

IUL 29 2024

Geo No. 1064-999-1124-6034 Prop ID 613422

Legal Description of the Property

**FURN MACH** 

3824 MONTANA AVE

OWNER: BROTHERHOOD MC SHOP

2020 OVERAGE AMOUNT

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

Dear Taxpayer:

**BROTHERHOOD MC SHOP** 

LOYA DANIEL 3824 MONTANA AVE EL PASO, TX 79903-4506

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	Who should the refund be issued to:				
recipient. Show information for whomever will be receiving	Name: Dawie Low Address: 3824 Wowl	**			
the refund.		Tx. 7990	3	**	
	Daytime Phone No.: 916-56-	-0429	E-Mail Address:		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online	Check Payment	19-140352061	03/31/2021	\$197.00	
payment confirmation or bank/credit card statement.		JNT PAID (sum of th	e above amounts)		
Step 3. Provide reason for	Please check one of the following:				
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.				
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.				
with this overage.	I want this payment applied to next year's taxes.				
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
				So Miss	
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 fo guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)				
YMC 731/24	SIGNATURE OF REQUESTOR (REQUESTOR)	UIRED) P	RINTED NAME & D	OATE 7-25-21	
0			77	-25-24	
TAX OFFICE USE ONLY:	Approved Denied E	By: NiH	Date:	W 2 OV 1	

7-30-24

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, Brotherhood MC Shop, Loya Daniel ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on March 31, 2021in the amount of \$36.87 (Thirty-Six and 87/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Brotherhood MC Shop, Loya Daniel showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$36.87 (Thirty-Six and 87/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
ATTEST:		Oscar Leeser Mayor
Laura D. Prine City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
Oscal Gomez Assistant City Attorney	_	Maria Pasillas Tax Assessor/Collector

AUG 0 1 2024

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. A438-999-0050-0800 Prop ID 229917

Legal Description of the Property 5 ALAMEDA ACRES S 1/2 OF 4

129 S GLENWOOD ST 79905

SOTELO IGNACIO JR 129 S GLENWOOD ST EL PASO, TX 79905

OWNER: SOTELO IGNACIO JR & VERONICA

2020 OVERAGE AMOUNT

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.

AFFEICATION FOR TROTER	***	- completed, signed, at	на завинаса и на заррол	ring documentation to be vand.	
Step 1. Identify the refund recipient.	Who should the refund be issued to:	1. Alleran	ica Sotal	0	
Show information for whomever will be receiving	Name: Ignacio Sotalo Address: 129.5 Glanwood	1		/	
the refund.	City, State, Zip: E/ Pago, TR-	79915			
	Daytime Phone No.:	7	E-Mail Address:		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled	Check Payment	1199237	01/27/2021	\$6,000.00	
check, original receipt, online payment confirmation or	Lost aper work				
bank/credit card statement.		T PAID (sum of th	he above amounts)		
Step 3. Provide reason for	Please check one of the following:				
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.				
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.				
with this overage.	I want this payment applied to next year's taxes.				
	This payment should have been 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 re have given on this form is true and correct. guilty of a Class A misdemeanor or a state	( If you make a fa	lse statement on this a	pplication, you could be found	
me 5/24	SIGNATURE OF REQUESTOR (REQUII	RED) P	Tance io S	DATE DO L-	
				V = 24	
TAX OFFICE USE ONLY:	Approved Denied By:	NH	Date:	8-2-24	

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, Ignacio Sotelo & Veronica Sotelo ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on January 27, 2021 in the amount of \$35.00 (Thirty-Five and No/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Ignacio Sotelo & Veronica Sotelo showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$35.00 (Thirty-Five and No/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser Mayor
ATTEST:		Mayor
Laura D. Prine		
City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez	<u>—</u>	Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

TAX OFFIG AUG 0 6 2024



1048583 Letty Mun. Z

# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. A642-999-0220-6500 Prop ID 72956

Legal Description of the Property 22 APOLLO HEIGHTS LOT 33 (14866 SQ FT)

4508 CUPID DR

STEWART TITLE COMPANY 2505 E MISSOURI AVE STE 210 EL PASO, TX 79903

OWNER: FLORES MARTHA A

2020 OVERAGE AMOUNT

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 PROPER	IYIA	X REFUND	I his application must b	e completed, signed, ar	ia subinitiea with suppo	oring documentation to be valid.
Step 1. Identify the refund	Who	should the	refund be issued to:			
recipient.	Nam	Name: Luis Raul Alejandro Rios				
Show information for whomever will be receiving	Addı		05 Sun Valley			1/
the refund.	City,	State, Zip:	El Paso, Texas	79924		
	Dayt	ime Phone	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED		E-Mail Address:	
Step 2. Provide payment	Payn	ient made b	y:	Check No.	Date Paid	Amount Paid
information. Please attach copy of cancelled check, original receipt, online	Che	ck Payment		5663	07/30/2021	\$5,657.40
payment confirmation or bank/credit card statement.				NT PAID (sum of th	ne above amounts)	
Step 3. Provide reason for	Pleas	se check one	of the following:	14.0	99-5	
this refund. Please list any accounts and/or		I paid thi	s account in error and I ar	n entitled to the refu	nd.	
years that you intended to pay	X I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
				23 1000		
Step 4. Sign the form. Unsigned applications cannot be processed.	have guilt	given on the y of a Class	w, I hereby apply for the r is form is true and correct A misdemeanor or a stat F REQUESTOR (REQUI	. ( If you make a fal e jail felony under th	se statement on this	
Pur 8/7/24		wart Tit		Mes crow Officer	MINTED NAME & I	8/1/2024
		/	Denied By	DNIK	Date:	2-6-24
TAX OFFICE USE ONLY:	IV	Approved	Denied By		Date:	1) 70-1

Print Date: 07/19/2024

v52.1.9

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, Luis Raul Alejandro Rios through Stewart Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on July 30, 2021 in the amount of \$47.57 (Forty-Seven and 57/100 Dollars) for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Luis Raul Alejandro Rios through Stewart Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$47.57 (Forty-Seven and 57/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser Mayor
ATTEST:		
Laura D. Prine City Clerk	_	
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez	_	Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

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

JUL 26 2024

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

Geo No.

Prop ID 29202

C793-999-0010-7300

Legal Description of the Property

CORONA VILLAGE REPLAT LOT 19 (6300.00 SQ FT)

\_\_\_\_\_

4660 ATLAS AVE 79904

OWNER: MARTINEZ LAURA E

OP +3415

2020 OVERAGE AMOUNT

\$125.61

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

Dear Taxpayer:

TREJO LAURA

4660 ATLAS AVE VEL PASO, TX 79904-3314

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

Step 1. Identify the refund	Who should the refund be issued to:				
recipient. Show information for	Name: MISS LAUBA N	MARTINEZ (	RTINGZ (TRUJO).		
whomever will be receiving	Address: 4060 ATLA.				
the refund.	City, State, Zip: EL PAS.	D, TEXAS 799	04		
		74-6097	E-Mail Address:		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	Check Payment	3196479	03/19/2021	\$1,000.00	
heck, original receipt, online ayment confirmation or ank/credit card statement.		OUNT PAID (sum of t	he above amounts)		
tep 3. Provide reason for	Please check one of the following:				
his refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.				
ears that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.				
vith this overage.	I want this payment applied to next year's taxes.				
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form.  Justined applications cannot be processed.	By signing below, I hereby apply for the have given on this form is true and corguilty of a Class A misdemeanor or a second seco	rect. ( If you make a fa	lse statement on this ar	oplication, you could be foun	
0	SIGNATURE OF REQUESTOR (REC Jawn E. Mar		RINTED NAME & D	ATE V	

**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, Laura Trejo ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on March 19, 2021 in the amount of \$125.61 (One Hundred and Twenty-Five and 61/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Laura Trejo showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$125.61 (One Hundred and Twenty-Five and 61/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser
ATTEST:		Mayor
Laura D. Prine		
City Clerk <b>APPROVED AS TO FORM:</b>		APPROVED AS TO CONTENT:
APPROVED AS TO FORM:		
		Maria O. Pasillas
Oscar Gomez		Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector



JUL 26 2024

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

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

Geo No. E207-999-0290-1300 Prop ID 125908

Legal Description of the Property 29 EASTWOOD LOT 3 (7144.38 SQ FT)

9821 GUM LN 79925

EL PASO TITLE COMPANY INC 1201 N MESA EL PASO, TX 79902

+ 3455

OWNER: FRANCO KIMBERLY

2020 OVERAGE AMOUNT \$300.00

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.

Step 1. Identify the refund	Who should the refund be issued to:			
recipient.  Show information for whomever will be receiving the refund.	Name: Roof Ho He Address: 2030 Be	mandez el Drive	Apt. L-8	/
the retaild.	City, State, Zip: El Puso, 1	x 19901	E-Mail Address:	V
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid
information. Please attach copy of cancelled	Check Payment	31204	01/29/2021	\$3,948.07
check, original receipt, online payment confirmation or bank/credit card statement.	2030 betel DR	Ne, Aph L	-8 EIR	50.Tx 79907
Step 3. Provide reason for	Please check one of the following:	UNT PAID (sum of the	above amounts)	
this refund.	1 paid this account in error and l	am entitled to the refund	1.	_
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please r			1.
with this overage.	I want this payment applied to n			
	This payment should have been	applied to other tax acco	ount(s) and/or year(s).	, escrow (listed below):
	By signing below, I hereby apply for th	a rafund of the should do	caribad taxes and cor	tify that the information I
Step 4. Sign the form.	have given on this form is true and corn	ect. ( If you make a false	e statement on this ap	plication, you could be found
be processed.	guilty of a Class A misdemeanor or a s			1
AUG 0 2 2024	SIGNATURE OF REQUESTOR (FILE)	CUIRED PR	CANNE & D	Diklund
Received POP	7.0			
TAX OFFICE USE ONLY	Approved Denied	By: 12.14	Date:	8-5-24
Juno 8/2	lov Vs			Print Date: 07/19/2024

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, Rodolfo Hernandez through El Paso Title Company Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on January 29, 2021 in the amount of \$300.00 (Three Hundred and No/100 Dollars) for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Rodolfo Hernandez through El Paso Title Company Inc. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$300.00 (Three Hundred and No/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser Mayor
ATTEST:		Mayor
Laura D. Prine City Clerk	_	
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez	<u> </u>	Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

CITY TAX OFFICE JUL 25 2024

JUL 2 4 2024

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901
PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. H453-999-1170-0100 Prop ID 49519

Legal Description of the Property 117 HIGHLAND PARK 1 TO 3 (9000 SQ FT)

2737 SAVANNAH AVE 79930

BUSTAMANTE OSCAR & YOLANDA

2621 GOLD AVE **EL PASO, TX 79930** 

OWNER: BUSTAMANTE NICOLE A

2020 OVERAGE AMOUNT

\$365.95

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 5: 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.

Step 1. Identify the refund	Who should the refund be issued to:				
recipient.	Name: Pronto	montgoer uc			
Show information for whomever will be receiving	Address: 181	montgage uc 2 Hunter			
the refund.	City, State, Zip:	Pass TX 7	7100		
		4-2787	E-Mail Address: Car	egma casacarpet.	
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled		3670	01/27/2021	\$4,846.95	
check, original receipt, online	mortgus	je.			
bank/credit card statement.	TOTAL AN	OUNT PAID (sum of th	ne above amounts)		
Step 3. Provide reason for	Please check one of the following:				
this refund. Please list any accounts and/or	I paid this account in error an	d I am entitled to the refu	nd.	/	
years that you intended to pay	I overpaid this account. Pleas	e refund the excess to the	address listed in Step 1.	V	
with this overage.	I want this payment applied to next year's taxes.				
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for have given on this form is true and co- guilty of a Class A misdemeanor or	orrect. ( If you make a fal	lse statement on this app	ication, you could be found	
Puc 7/20/24	SIGNATURE OF REQUESTOR (R	D .	REG MALC		
TAX OFFICE USE ONLY:	Approved Denied	By: N.14	Date: 2	-25-2024	

**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, Pronto Mortgage LLC through Oscar & Yolanda Bustamante ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on January 27, 2021 in the amount of \$365.95 (Three Hundred and Sixty-Five and 95/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Pronto Mortgage LLC through Oscar & Yolanda Bustamante showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$365.95 (Three Hundred and Sixty-Five and 95/100 Dollars) is approved.

APPROVED this	aay of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser
ATTEST:		Mayor
Laura D. Prine		
City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez		Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

21-1147 YA



CITY TAX OFFICE

AIIG 0 7 2024

# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. H753-005-0260-0090 Prop ID 321571

Legal Description of the Property

26 HOMESTEAD MEADOWS SOUTH #5 LOT 9 15999 CATHERINE JANE DR

DEL SOL TITLE COMPANY 550 SOUTH MESA HILLS DRIVE SUITE B4 EL PASO , TX 79912

OWNER: LUMUS JUSTIN A

2020 OVERAGE AMOUNT

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. 31.11e). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund recipient.  Show information for whomever will be receiving the refund.	Who should the refund be issued to:						
	Name: Del Sol Title Company						
	Address: 10657 Vista del Sol Suite E						
	City	. State. Zip: El Paso, TX 79	935	111111111111111111111111111111111111111	1/		
	Daytime Phone No.: 915-303-8132			E-Mail Address: mphillips@mammothrock		ockti	
Step 2. Provide payment	Payı	nent made by:	Check No.	Date Paid	Amount Paid	.co	
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Che	eck Payment	28044	04/30/2021	\$4,954,53		
		TOTAL AMOUN	IT PAID (sum of t	the above amounts)	The Control of the Co		
Step 3. Provide reason for	Please check one of the following:						
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	X I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.						
		This payment should have been app	olied to other tax ac	count(s) and/or year(s	), escrow (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	have	igning below, I hereby apply for the re given on this form is true and correct y of a Class A misdemeanor or a state	( If you make a fr	alse statement on this:	ipplication, you could be found	d	
	SIG	NATURE OF REQUESTOR (REQUI	RED)	PRINTED NAME & I Macthew Phi	The state of the s	24	
/ WV 10 17 11 11 V							

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, Del Sol Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on April 30, 2021 in the amount of \$58.59 (Fifty-Eight and 59/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Del Sol Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$58.59 (Fifty-Eight and 59/100 Dollars) is approved.

2024

APPROVED this da	ay of, 2024.
	CITY OF EL PASO:
	Oscar Leeser Mayor
ATTEST:	Mayor
Laura D. Prine	
City Clerk	
APPROVED AS TO FORM:	APPROVED AS TO CONTENT:
	Maria O. Pasillas
Oscar Gomez	Maria Pasillas
Assistant City Attorney	Tax Assessor/Collector



AUG 0 7 2024

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

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

Geo No. M452-999-0100-2100 Prop ID 353052

Legal Description of the Property 10 MILLERS LAKESIDE LOT 11

163 EDITH DR 79915

Date:

Print Date: 07/19/2024

DEL SOL TITLE COMPANY 550 SOUTH MESA HILLS DRIVE SUITE B4 EL PASO, TX 79912

0P V

OWNER: ROSALES ANTONIO I & GONZALEZ CARLOS E

2020 OVERAGE AMOUNT \$23.41

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:							
	Nan	Del 201 lifte		1 /				
	1/29/ (PSESCS) N	lress: 10657 Vista d State, Zip: El Paso,	el Sol Suite E TX 79935	E-Mail Address: mphillips@mammothrockt				
	Day	time Phone No.: 915-3	03-8132					
Step 2. Provide payment	Payi	nent made by:	Check No.	Date Paid	Amount Paid			
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Che	eck Payment	030262	07/06/2021	\$2,724.00			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:							
	I paid this account in error and I am entitled to the refund.							
	X I overpaid this account. Please refund the excess to the address listed in Step 1.							
	I want this payment applied to next year's taxes.							
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):							
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
	SIGN	NATURE OF REQUESTOR (	REQUIRED) P	RINTED NAME & E				

By:

Denied

TAX OFFICE USE ONLY:

✓ Approved

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, Del Sol Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on July 6, 2021 in the amount of \$23.41 (Twenty-Three and 41/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Del Sol Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$23.41 (Twenty-Three and 41/100 Dollars) is approved.

2024

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser
ATTEST:		Mayor
Laura D. Prine		
City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez		Maria Pasillas
Associate City Attorney		Tax Assessor/Collector

ADDDOLUED ALL



JUL 29 2024

# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. S075-000-019M-4240 Prop ID 323699

Legal Description of the Property

19 SAN ELIZARIO TR 12-B-1-B (0.7899 AC)

LONE STAR COMPANY OF EL PASO INC **6701 N MESA EL PASO, TX 79912** 

OWNER: CLINT-ALAMEDA LAND LLC

2020 OVERAGE AMOUNT \$10.76

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

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

APPLICATION FOR PROPER	TY TA	X REFUND:	his application m	ust be completed, signed, a	and submitted with suppo	ting documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for whomever will be receiving the refund.	Name: Lone Star Title Company						
	Address: 6701 N. Mesa St.						
	City, State, Zip: El Paso, TX. 79912						
	Dayt	ime Phone No. 9	15-545-22		E-Mail Address:jfernandez@lonestartitle.co		
Step 2. Provide payment	Paym	ent made by:		Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled check, original receipt, online payment confirmation or		ck Payment		385043	11/16/2020	\$1,907.22	
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)						
Step 3. Provide reason for this refund.	Please check one of the following:						
Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	X						
with this overage.	I want this payment applied to next year's taxes.						
		This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.  Aug. 7(31)22	have	given on this for	n is true and co isdemeanor or a	rrect. (If you make a fa state jail felony under t	alse statement on this a	DATE	
AX OFFICE USE ONLY:	7	Approved [	Denied	By: No	Date:	7-29-24	

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 Company through Lone Star Company Of El Paso Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on November 16, 2020 in the amount of \$10.76 (Ten and 76/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Company through Lone Star Company Of El Paso Inc. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$10.76 (Ten and 76/100 Dollars) is approved.

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser
ATTEST:		Mayor
Laura D. Prine	_	
City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
		Maria O. Pasillas
Oscar Gomez		Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

667580-2



CITY TAX OFFICE

JUL 2 6 2024

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

s@eipasotexas.gov

Geo No.
T287-999-5160-2500

Prop ID 692037

Legal Description of the Property
BLK 516 TIERRA DEL ESTE #81B LOT 25

2801 MARIA CASAS ST 79938

STEWART TITLE COMPANY 2244 TRAWOOD STE 101 EL PASO, TX 79935

> 0PV +345

OWNER: CONTRERAS IRMA B & GREGORIO

2020 OVERAGE AMOUNT \$82...

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, 6002: PUBLIC IMPROVEMENT DISTRICT #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 Who should the refund be issued to: Step 1. Identify the refund recipient. Name: Stewart Title Company Show information for Address: 2244 Trawood whomever will be receiving the refund City, State, Zip: laura.arellano@stewart.com El Paso. TX 79935 Daytime Phone No.: 915-225-8400 E-Mail Address: Payment made by: Check No. Amount Paid Step 2. Provide payment information. 12/22/2020 \$996.54 64767 Check Payment Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following: Step 3. Provide reason for this refund. I paid this account in error and I am entitled to the refund. Please list any accounts and/or I overpaid this account. Please refund the excess to the address listed in Step 1. years that you intended to pay with this overage. I want this payment applied to next year's taxes. This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I Step 4. Sign the form. have given on this form is true and correct. ( If you make a false statement on this application, you could be found Unsigned applications cannot guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) be processed. SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Laura Arellano 07/26/2024

NH

Date:

Print Date: 07/19/2024

TAX OFFICE USE ONLY:

✓ Approved

Denied

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, Stewart Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on December 22, 2020 in the amount of \$82.28 (Eighty-Two and 28/100 Dollars) for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 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 Stewart Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$82.28 (Eighty-Two and 28/100 Dollars) is approved.

2024

APPROVED this	day of	, 2024.
		CITY OF EL PASO:
		Oscar Leeser Mayor
ATTEST:		Wayor
Laura D. Prine	_	
City Clerk		
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:
Osear Oomez	_	Maria Pasillas
Assistant City Attorney		Tax Assessor/Collector

ADDDOTTED 41: