

**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

April 15, 2025

1. Conrad Davis, in the amount of \$3,000.00, made an overpayment on December 11, 2024 of 2024 taxes.
(Geo. #K216-999-1110-6100)
2. Luis Paiva, in the amount of \$4,714.17, made an overpayment on January 26, 2025 of 2024 taxes.
(Geo. #P915-999-0010-2200)
3. AT&T, in the amount of \$4,457.36, made an overpayment on January 29, 2025 of 2024 taxes.
(Geo. #U819-999-002A-0279)
4. Sara A. Drewes, in the amount of \$11,005.25, made an overpayment on January 24, 2025 of 2024 taxes.
(Geo. #V897-999-1200-2300)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

Credit card



CITY TAX OFFICE

MAR 24 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

CORELOGIC
PO BOX 9205
COPELL, TX 75019-9214

Conrad Davis

OP
+2500

Geo No. K216-999-1110-6100	Prop ID 278996
Legal Description of the Property 111 KERN PLACE LOT 6 (7200 SQ FT) 423 MESITA DR 79902	
OWNER: DAVIS CONRAD D	

3,000

2024 OVERAGE AMOUNT \$4,000.00

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Conrad Davis			
	Address: 423 Mesita Drive			
	City, State, Zip: El Paso TX 79902			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915-433-7368		E-Mail Address: conrad.davis423@aol.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card	6414740	12/11/24	\$1,000.00
	Credit Card	6414663	12/11/24	\$3,000.00
TOTAL AMOUNT PAID (sum of the above amounts)				\$4,000.00
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:			
	<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.			
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	
	[Signature]		Conrad Davis 3/22/2025	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: NAL Date: 3-24-25				



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

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

CITY TAX OFFICE

MAR 14 2025

LUIS PAIVA
12078 HOSEA ST
EL PASO, TX 79936

OP
+2500 ✓

Geo No. P915-999-0010-2200	Prop ID 86049
Legal Description of the Property 1 PUEBLO MONTANA #2 LOT 22 (4441.00 SQ FT) 12078 HOSEA ST 79936 OWNER: PAIVA LUIS E	

2024 OVERAGE AMOUNT \$4,714.17 ✓

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

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APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Luis Paiva</u> ✓			
	Address: <u>404 Peppermill circle</u>			
	City, State, Zip: <u>Kissimmee, FL, 34758</u> ✓			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>(915) 309-9498</u>		E-Mail Address: <u>luis_ep@hotmail.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006724195	01/26/2025	\$4,714.17
	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	
	<u>[Signature]</u>		<u>Luis Paiva</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>3-19-25</u>				

MAR 19 2025

Received POP



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

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

CITY TAX OFFICE

FEB 27 2025

AT&T
1010 PINE ST #9E-L-01
SAINT LOUIS, MO 63101--201

OP ✓
+2500

Geo No. U819-999-002A-0279	Prop ID 12351
Legal Description of the Property 2 UPPER VALLEY TR 2-M (0.55 AC) 100 SUNSET RD 79922	
OWNER: SOUTHWESTERN BELL TELEPHONE CO	

2024 OVERAGE AMOUNT \$4,457.36 ✓

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APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Southwestern Bell Telephone</i>			
	Address: <i>1010 Pine St-L-01</i> ✓			
	City, State, Zip: <i>St. Louis MO 63101</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>314 396 3361</i>		E-Mail Address: <i>CS4158@att.com</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	14278	01/29/2025	\$1,330,135.55
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. ✓			
	<input 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>Christine Stefl</i>		<i>CHRISTINE STEFL 2/13/25</i> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H.</i> Date: <i>3-27-25</i>				



TAX OFFICE
RECEIVED

MAR 19 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

SARA A. DREWES
1909 PUEBLO CORONA LN
EL PASO, TX 79936

Geo No. V897-999-1200-2300	Prop ID 318236
Legal Description of the Property 120 VISTA HILLS #41 LOT 23 (11734.64 SQ FT) 1909 PUEBLO CORONA LN 79936 OWNER: DREWES LARRY L & SARA A	
2024 OVERAGE AMOUNT \$11,005.25	

OP
+2500

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>LARRY & SARA DREWES</u>			
	Address: <u>1909 PUEBLO CORONA</u>			
	City, State, Zip: <u>EL PASO, TX 79936</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>(915) 598-1300</u>		E-Mail Address: <u>sarapd7e@hotmail.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006709592	01/24/2025	\$11,005.25
	TOTAL AMOUNT PAID (sum of the above amounts)			<u>\$22,010.50</u>
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.			
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	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<u>Sara Drewes</u>		<u>LARRY & SARA DREWES / 3-19-25</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NH</u> Date: <u>3-19-25</u>				