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

AGENDA DATE: September 10, 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 greater than \$2,500.00. (See Attachment A).

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 greater than \$2,500.00, 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:

Maria O. Pasillas

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

TAX REFUNDS September 10, 2024

1. Eren Antonio Acuna, in the amount of \$5,750.58 made an overpayment on July 29, 2024, of 2023 taxes.

(Geo. # C545-999-0140-1800)

2. Corelogic Tax Services LLC, in the amount of \$4,436.99 made an overpayment on December 19, 2024, of 2023 taxes.

(Geo. #L714-999-0030-0100)

3. Corelogic Tax Services LLC, in the amount of \$14,264.71 made an overpayment on March 09, 2023, of 2022 taxes.

(Geo. # N442-999-0040-0100)

4. Corelogic Tax Services LLC, in the amount of \$3,867.32 made an overpayment on December 19, 2023, of 2023 taxes.

(Geo. # P654-999-1320-0100)

5. Corelogic Tax Services LLC, in the amount of \$4,913.90 made an overpayment on December 19, 2023, of 2023 taxes.

(Geo. # P691-000-0470-1500)

6. Corelogic Tax Services LLC, in the amount of \$2,957.53 made an overpayment on December 19, 2023, of 2023 taxes.

(Geo. #R215-999-0240-7900)

7. Corelogic Tax Services LLC, in the amount of \$3,682.58 made an overpayment on December 19, 2023, of 2023 taxes.

(Geo. # V897-999-0070-2700)

Maria O. Pavillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk



AUG 19 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. C545-999-0140-1800 **Prop ID** 641695

Legal Description of the Property

BLK 14 CIMARRON SAGE #2 LOT 18

7317 SKYROCKET DR 79911

EFREN ANTONIO ACUNA 7317 SKYROCKET DR EL PASO, TX 79911

+ 2500

OWNER: ACUNA EFREN A & VULGARIA-**ACUNA AGORITA**

2023 OVERAGE AMOUNT \$5,750.58

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD

Dear Taxpayer:

CuditCord

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	ГҮ ТА	X REFUND: This	application must be	e completed, signed, an	d submitted with suppor	ting documentation to be valid.
Step 1. Identify the refund	Who	should the refund be	issued to:			
recipient. Show information for	Name	EFREN	ANYO	NIO ACU	NA	/
whomever will be receiving the refund.	Addre	ess: 7317		. ,	/	1
		State, Zip:	PASO	16 79	1911	
	Dayti	me Phone No.: 9				eniexpediteramo
Step 2. Provide payment		ent made by:		Check No.	Date Paid	Amount Paid
information. Please attach copy of cancelled	Cred	it Card Payment	/	CC006227756	07/29/2024	\$5,750.58
check, original receipt, online payment confirmation or	PA	MENT MADE	E BYMUS W	428		
bank/credit card statement.		T	OTAL AMOUN	NT PAID (sum of th	e above amounts)	
Step 3. Provide reason for	Please	check one of the fo	flowing:			
this refund. Please list any accounts and/or	X	I paid this account	in error and I an	n entitled to the refur	nd.	
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.	have guilty	given on this form is of a Class A misde	true and correct meanor or a state	. (If you make a falle is a fall		rtify that the information I pplication, you could be found Sec. 37.10.)
	SIGN	ATURE OF REQUI	ESTOR (REQUI	RED)	RINTED NAME & D	ATE 🗸
me 8 huby		MY		E	EFREN ACUI	NA 8/14/24
	0	- 1				✓ ×
TAX OFFICE USE ONLY:		Approved	Denied By	N.M.	Date:	8-19-24

v52.1.9

Print Date: 07/30/2024

CITY TAX OFFICE

AUG 1 2 2024

CORELOGIC PO BOX 9205

COPPELL, TX 75019-9214

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. L714-999-0030-0100 Prop ID 132468

Legal Description of the Property

3 LOS CERRITOS #1 W PT OF 1 (30.88 FT ON N -101.72 FT ON E -31.08 FT ON S -102.98 ON W) (3176.11 SQ FT)

6035 BANDOLERO DR-A

OWNER: DAVALOS JOANNE & ANTONIO

Mary Taylor 08/12/23

2023 OVERAGE AMOUNT \$4,436.99

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:

TAX OFFICE USE ONLY:

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: is 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: CORELOGIC TAX SERVICES LLC Show information for Address: PO BOX 9202 whomever will be receiving the refund. City, State, Zip: COPPELL TEXAS 75019 Daytime Phone No.: 817-699-2106 E-Mail Address: shenshwetha@corelogic.com **Amount Paid** Step 2. Provide payment information. \$4,436.99 Please attach copy of cancelled Wire Corelogic 12-19-2023 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

Mary Taylor

Denied

By:

Approved

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	AUG	1	2	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

CORELOGIC TAX SERVICE LLC 3001 HACKBERRY ROAD

IRVING, TX 75063

+2500

Prop ID Geo No. N442-999-0040-0100 219837 Legal Description of the Property

4 NORTH LOOP GARDENS #1 LOT 1 (0.581

7664 GARDEN PL

OWNER: SAENZ JOSE L & DELORES

2022 OVERAGE AMOUNT \$14,264.71

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.

Who should the refund be issued to:						
Name	CORELOGIC TAX SER	VICES LLC		/		
Addr	ess: PO BOX 9202	✓		1/		
City,	State, Zip: COPPEL, TX, 75	019				
Dayti	me Phone No.: 817-699-210	6	E-Mail Address:	KIRAM@CORELOGIC.COM		
Paym	ent made by:	Cheek No.	Date Paid	Amount Paid		
	Corelogic	411654704	03/09/23	\$14,652.89		
	TOTAL AMO	UNT PAID (sum of th	ne above amounts)			
Please check one of the following:						
I paid this account in error and I am entitled to the refund.						
V	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 acc	count(s) and/or year(s), escrow (listed below):		
have	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information have given on this form is true and correct. (If you make a false statement on this application, you could be guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					
SIGNATURE OF REQUESTOR (REQUIRED) Mary Taylor 08/12/24						
	Name Addre City, Dayti Payun Pleas By sighave guilty	Name: CORELOGIC TAX SER Address: PO BOX 9202 City, State, Zip: COPPEL, TX, 750 Daytime Phone No.: 817-699-2100 Payment made by: Corelogic TOTAL AMO Please check one of the following: I paid this account in error and I I overpaid this account. Please r I want this payment applied to n This payment should have been By signing below, I hereby apply for th have given on this form is true and corr guilty of a Class A misdemeanor or a s SIGNATURE OF REQUESTOR (REC	Name: CORELOGIC TAX SERVICES LLC Address: PO BOX 9202 City, State, Zip: COPPEL,TX, 75019 Daytime Phone No.: 817-699-2106 Payment made by: Check No. Corelogic 411654704 TOTAL AMOUNT PAID (sum of the following: I paid this account in error and I am entitled to the refured of the second this account. Please refund the excess to the I want this payment applied to next year's taxes. This payment should have been applied to other tax accounts and the second payment applied to other tax accounts. The payment should have been applied to other tax accounts are given on this form is true and correct. (If you make a far guilty of a Class A misdemeanor or a state jail felony under the SIGNATURE OF REQUESTOR (REQUIRED)	Name: CORELOGIC TAX SERVICES LLC Address: PO BOX 9202 City, State, Zip: COPPEL,TX, 75019 Daytime Phone No.: 817-699-2106 E-Mail Address: Payment made by: Check No. Date Paid Corelogic 411654704 03/09/23 TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following: I paid this account in error and I am entitled to the refund. I overpaid this account. Please refund the excess to the address listed in Stelli I want this payment applied to next year's taxes. This payment should have been applied to other tax account(s) and/or year(By signing below, I hereby apply for the refund of the above-described taxes and chave given on this form is true and correct. (If you make a false statement on this guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME &		

CITY TAX OFFICE AHG 1 2 2024 JUN 2 0 2028 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

Geo No. P654-999-1320-0100 Prop ID 41552

Legal Description of the Property

132 PEBBLE HILLS #16 1 & W 24 FT OF 2 (HOMESITE) (5907 SQ FT)

10900 SAGEBRUSH WAY-A 79936

OWNER: MENDOZA OLGA M

+2500

2023 OVERAGE AMOUNT \$3,867.32

Date: 8-13-24

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:

TAX OFFICE USE ONLY:

CORELOGIC

PO BOX 9205

COPPELL, TX 75019-9214

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: Name: CORELOGIC TAX SERVICES LLC						
	City, State, Zip: COPPELL TEXAS 75019						
	Daytime Phone No.: 817-699-2106		E-Mail Address: S	henshwetha@corelogic.com			
	Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Corelogic	Wire	12/19/23	\$3,867.32			
pank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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.						
rears 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 ac	count(s) and/or year(s	s), escrow (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the have given on this form is true and correguitty of a Class A misdemeanor or a s	alse statement on this	application, you could be for				
2	SIGNATURE OF REQUESTOR (REQ	PRINTED NAME &	•				
Mus 8/14/24	Mary Taylor		Mary Tay	dor 08/12/24			

Denied

By: N.14.

CITY TAX OFFICE *(OFFICE* MARIA O. PASILLAS, RTA 2024 CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov Geo No. Prop ID P691-000-0470-1500 709318 Legal Description of the Property **BLK 47 PEYTON ESTATES #7 LOT 15** 249 HUNSTANTON ST 79928 CORELOGIC PO BOX 9205 COPPELL, TX 75019-9214 OWNER: MELENDEZ JUAN 2023 OVERAGE AMOUNT \$4,913.90 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMERG. SERVICES DIST #1, 51: PASEO DEL ESTE MUD #7

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	Who should the refund be issued to: Name: CORELOGIC TAX SERVICES LLC						
	he refund.	City, State, Zip: COPPELL TEXAS 75019					
	Daytime Phone No.: 817-699-2106		E-Mail Address: S	henshwetha@corelogic.com			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Corelogic	Wire	12-19-2023	\$8,373.20			
pank/credit card statement.	TOTAL AMOU	NT PAID (sum of t	he above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	I paid this account in error and I ar I overpaid this account. Please refu I want this payment applied to nex This payment should have been ap	and the excess to the	address listed in Step				
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 have given on this form is true and correct. (If you make a false statement on this application, you could be guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED) Mary Taylor Mary Taylor Mary Taylor PRINTED NAME & DATE Mary Taylor Mary Taylor Mary Taylor Mary Taylor						
me 8/14/24							

CITY TAX OFFICE

AUG 1 2 2024

CORELOGIC

PO BOX 9205

COPPELL, TX 75019-9214

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. R215-999-0240-7900 Prop ID 375354

Legal Description of the Property 24 RANCHLAND HILLS #4 LOT 14 (6703.50 SQ FT)

N.N. Date: 8-13-24

1400 HUNTER DR

OWNER: MAGDALENO ANGEL H & MARISELA

2023 OVERAGE AMOUNT \$2,957.53

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:

TAX OFFICE USE ONLY:

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Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for whomever will be receiving the refund.	Name: CORELOGIC TAX SERVICES LLC						
	Addre	ess: PO BOX 9202	√		1/		
	City, S	State, Zip: COPPELL TEXAS	75019				
		me Phone No.: 817-699-2106		E-Mail Address: sh	nenshwetha@corelogic.com		
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid Amount Paid			
information. Please attach copy of cancelled check, original receipt, online		Corelogic	Wire	12-19-2023	\$2,957.53		
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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.	have g	gning below, I hereby apply for given on this form is true and of a Class A misdemeanor o	correct. (If you make a	false statement on this a	pplication, you could be found		
0	SIGNATURE OF REQUESTOR (REOURED)			PRINTED NAME & DATE			
XIVA 8/14/24		Mary Tays	lor	Mary Taylor 08/12/24			

Bv:

Denied

CITY TAX OFFICE AUG 1 2 2024

330

JUN 2 0 2028

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

221 N. KANSAS, STE 300 EL PASO, TX 79901

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

Geo No. V897-999-0070-2700 **Prop ID** 271017

Legal Description of the Property

7 VISTA HILLS #1 LOT 14 (7345.00 SQ FT)

1708 ANDY WILLIAMS PL

CORELOGIC PO BOX 9205 COPPELL, TX 75019-9214

OP 1

OWNER: HERNANDEZ HECTOR & SANDRA L M

2023 OVERAGE AMOUNT \$3,682.58

8-13-24

Date:

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:

TAX OFFICE USE ONLY:

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: CORELOGIC TAX SERVICES LLC						
	Addr	ess: PO BOX 9202	1				
	City,	State, Zip: COPPEL,TX, 75019			V		
	Dayti	me Phone No.: 817-699-2106		E-Mail Address: K	IRAM@CORELOGIC.COM		
Step 2. Provide payment	Paym	ent made by:	Cheek No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled heck, original receipt, online ayment confirmation or		Corelogic	Wire	12/19/23	\$4,016.19		
bank/credit card statement.		TOTAL AMOUNT	PAID (sum of (the above amounts)			
tep 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.						
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. Unsigned applications cannot be processed.	have	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information have given on this form is true and correct. (If you make a false statement on this application, you could be guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					
408/14/24	SIGN	ATURE OF REQUESTOR (REQUIRE Mary Taylor	ED)	PRINTED NAME & D Mary Taylo			

Bv: