

**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

May 28, 2025

1. Charlie Clark Nissan El Paso, in the amount of \$15,518.24, made an overpayment on October 22, 2024 of 2024 taxes.  
(Geo. #18PP-999-9246-6050)
2. George S Bilbro DDS., in the amount of \$4,867.78, made an overpayment on February 03, 2025 of 2024 taxes.  
(Geo. #0368-999-6015-0000)
3. 9828 Montana LLC, in the amount of \$ 9,088.28, made an overpayment on January 31, 2024 of 2023 taxes.  
(Geo. #S231-999-0230-9100)
4. Corelogic, in the amount of \$ 5,329.03, made an overpayment on December 18, 2024 of 2024 taxes.  
(Geo. #S373-999-002A-0100)

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Laura D. Prine  
City Clerk

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



TAX OFFICE  
RECEIVED

APR 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](mailto:taxforms@elpasotexas.gov)

MIREYA BENAVIDES  
413 N ED CAREY DR  
HARLINGEN, TX 78550

Geo No. 18PP-999-9246-6050	Prop ID 678984
Legal Description of the Property DEALER MOTOR VEH INV P140179  1831 JOE BATTLE BLVD  OWNER: CHARLIE CLARK NISSAN EL PASO	

OP ✓  
+2500

2024 OVERAGE AMOUNT \$15,518.24 ✓

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>															
	Name: <u>Charlie Clark Nissan El Paso</u>															
	Address: <u>413 N Ed Carey Dr</u>															
	City, State, Zip: <u>Harlingen TX 78550</u>															
	Daytime Phone No. <u>(956) 299-1749</u>		E-Mail Address: <u>mireya-benavides@cclartha</u>													
	to.ne															
<b>Step 2. Provide payment information.</b> <u>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.</u>	<table><tr><td>Payment made by:</td><td>Check No.</td><td>Date Paid</td><td>Amount Paid</td></tr><tr><td>Electronic Check</td><td>CC006283956</td><td>10/22/2024</td><td>\$19,123.49</td></tr><tr><td colspan="4"><b>TOTAL AMOUNT PAID (sum of the above amounts)</b></td></tr></table>				Payment made by:	Check No.	Date Paid	Amount Paid	Electronic Check	CC006283956	10/22/2024	\$19,123.49	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
Payment made by:	Check No.	Date Paid	Amount Paid													
Electronic Check	CC006283956	10/22/2024	\$19,123.49													
<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>																
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	<b>Please check one of the following:</b>															
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.															
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓															
	<input type="checkbox"/> I want this payment applied to next year's taxes.															
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):															
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )															
<div>Received POP MAY 05 2025</div>	SIGNATURE OF REQUESTOR (REQUIRED) <u>Mireya Benavides</u>		PRINTED NAME & DATE <u>Mireya Benavides 4/17/25</u>													
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>5-7-25</u> ✓																





TAX OFFICE  
RECEIVED

APR 25 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](mailto:taxforms@elpasotexas.gov)

BILBRO GEORGE S - DR  
PO BOX 4626  
EL PASO, TX 79914-4626

Geo No. 0368-999-6015-0000	Prop ID 420913
Legal Description of the Property CMP FURN MACH  5555 N MESA ST-400  OWNER: BILBRO GEORGE S - DR	

OP ✓  
+2500

2024 OVERAGE AMOUNT \$4,867.78 ✓

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>George S. Bilbro DDS</u>			
	Address: <u>416 Lindbergh Ave.</u>			
	City, State, Zip: <u>El Paso, Tx 79932</u>			
	Daytime Phone No.: <u>915 526 2160</u>		E-Mail Address:	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	39305	02/03/2025	\$7,533.88
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input 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.			
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<u>[Signature]</u>		<u>George S. Bilbro DDS</u>	
			<u>04/22/2025</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>4-28-25</u>				



MAY 05 2025

+OP ✓  
+2500

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:

5231-999-0230-9100

Refund To: 9828 MONTANA LLC ✓	Phone: 915-779-5740 HOME WORK	Property ID# (One application per account) 328897
Address (mail refund to:) 8201 Lockwood Dr. STE 235 EL PASO, TX 79925 ✓	Property Address: 9828 MONTANA AVE and/or Legal Description: EL PASO TX 79925	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	01/31/2024	5319 01/16/24	39,514.28	9,088.28 ✓
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			39,514.28	9,088.28
(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 name must appear)

REASON FOR OVERPAYMENT:

PAID BY MISTAKE

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

Requestor signature: [Signature] Date: 05/05/25 ✓  
Printed name: MIKE YARDENI Title: MANAGER / OWNER

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec. 31.11 (c)).

TAX OFFICE Entry:

✓ REFUND APPROVED

Tax Office Approval:

N.H.  
Juec 5/8/25

Date: 5-7-25 ✓

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: \_\_\_\_\_



OP ✓  
+2500

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, Email: taxforms@elpasotexas.gov

TAX OFFICE  
RECEIVED

APR 16 2025

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: <b>CORELOGIC</b> ✓	Phone: HOME: 877-442-2797 WORK: ext #191638	Property ID# (One application per account) S373999002A0100 PID# 319353		
Address (mail refund to :) P.O.Box 9205 Coppell Tx 75019-9710 ✓	Property Address: And/or 700 Espada Dr EL Paso Texas 79922 Legal Description: 2-A SIERRA DEL SOL REPLAT B PT OF 1 BEG 32' S OF NWC 19.58 FT ON ST- 117.45 FT ON SLY- 19.52 FT ON WLY- 117.45 FT ON NLY)			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024 1sr	12/1/2024	20241217B6E7HU1R014976	\$5329.03	5329.03
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			5329.03	5329.03 ✓

(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 name must appear)

REASON FOR OVERPAYMENT:

Corelogic made payment on incorrect parcel that is not service by CL. Payment was intended for parcel S373-999-002A-0110

We are requesting that this payment be refunded back to CoreLogic. If you are unable to provide a refund, please send a copy of the tax receipt showing whom made the payment

This parcel was added to the loan in error and CoreLogic does not service nor have interest in this parcel under any of our clients.

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

**RANDY KING**

Date: 04/16/2025

Requestor signature:

*Randy King*

Funds mgmt Recovery Rep ✓

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry: (✓) REFUND APPROVED

Tax Office Approval: NLS

Date: 5-2-25 ✓

gmc 5/5/25  
(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:

APR 30 2025 ✓

Received POP