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 CIT	Y COUNCIL:
NAME	AMOUNT (\$)
	(*/
**************************************	UTHORIZATION************************************
DEPARTMENT HEAD:	

TAX REFUNDS OVER \$2,500 April 1, 2025

1. Delores Sodosky, in the amount of \$5,690.79 made an overpayment on January 4, 2025 of 2024 taxes.

(Geo. #C231-999-0180-3500)

2. GECU, in the amount of \$2,926.40 made an overpayment on December 28, 2023 of 2023 taxes.

(Geo. #C518-999-0090-6100)

3. GECU, in the amount of \$3,120.23 made an overpayment on December 27, 2024 of 2024 taxes.

(Geo. #C518-999-0090-6100)

4. Raul Marquez, in the amount of \$2,965.52 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. #D346-999-0040-4900)

5. Jessica Olivo, in the amount of \$3,529.48 made an overpayment on February 24, 2025 of 2024 taxes.

(Geo. #F124-000-0070-0900)

6. Raul Marquez, in the amount of \$4,039.10 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. #H012-999-0400-2500)

7. Raul Chavez Jr., in the amount of \$5,240.37 made an overpayment on January 30, 2025 of 2024 taxes.

(Geo. #L032-000-0060-0200)

8. Corelogic, in the amount of \$3,057.47 made an overpayment on December 18, 2024 of 2024 taxes.

(Geo. #M403-999-0240-2400)

9. Catalina Deras, in the amount of \$5,299.96 made an overpayment on January 21, 2025 of 2024 taxes.

(Geo. #M794-999-0050-0900)

10. Armando Arellano, in the amount of \$2,783.86 made an overpayment on January 31, 2025 of 2019 taxes.

(Geo. #P481-999-0090-0300)

11. Armando Arellano, in the amount of \$2,783.86 made an overpayment on January 31, 2025 of 2024 taxes.

(Geo. #P481-999-0090-0300)

12. Teresa del Real, in the amount of \$5,959.40 made an overpayment on February 3, 2025 of 2024 taxes.

(Geo. #S052-999-0100-0900)

13. Limon Maria D S, in the amount of \$3,108.09 made an overpayment on January 31, 2025 of 2024 taxes.

(Geo. #S162-999-0170-5300)

TAX REFUNDS OVER \$2,500 April 1, 2025

14. Fatime Mullalli, in the amount of \$3,000.00 made an overpayment on December 16, 2024 of 2024 taxes.

(Geo. #T287-999-4930-2100)

15. Raul Marquez, in the amount of \$5,327.87 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. #V099-000-0230-0700)

16. Raul Marquez, in the amount of \$3,712.58 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. # V893-999-0660-0100)

17. Raul Marquez, in the amount of \$4,625.49 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. # V893-999-2880-1100)

18. Xavier Gomez, in the amount of \$4,500.00 made an overpayment on January 30, 2025 of 2024 taxes.

(Geo. #W180-004-0032-0015)

Maria O. Pasillas, RTA

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk Credit Card

DELORES SODOSKY 4305 LOMA ALEGRE DR EL PASO, TX 79934

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

MAR 1 1 2025

CITY TAX OFFICE

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

Prop ID Geo No. C231-999-0180-3500 24314

Legal Description of the Property 18 CASTNER HEIGHTS #4 LOT 18

4605 MAUREEN CIR 79924

OWNER: RIVERA DELORES

2024 OVERAGE AMOUNT \$5,690.79

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.

Step 1. Identify the refund	Who should th	ne refund be issue	ed to:				33. A.
recipient.	Name: D	TLORES	SODO	SKY			NEW YORK
Show information for whomever will be receiving				-EGRE	DIR		- 3
he refund.	City, State, Zij			x 7993			Hin Han
	Daytime Phon	e No.:/915)	494-	7746	E-Mail Address	DSono	SICY DO CON
Step 2. Provide payment	Payment made	by:		Check No.	Date Paid	Amount	
nformation. lease attach copy of cancelled heck, original receipt, online ayment confirmation or	Credit Card P	ayment		CC006552143	01/04/2025		\$5,690.79
ank/credit card statement.		TOTA	L AMOUNT	PAID (sum of t	he above amounts	\$ 56	90-79
tep 3. Provide reason for	Please check one of the following:						
his refund.	I paid this account in error and I am entitled to the refund.						
lease list any accounts and/or ears that you intended to pay	X 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 pa	syment should ha	ve been applie	ed to other tax ac	count(s) and/or year	r(s), escrow (list	ted below):
	la .						The distribution by
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 for guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
Phas Inh	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
the 311/05	Lelos	Us Dod	osky	-	DELORES	SODOSKY	13/8/25
\vee		1 . 11	0			. 404	V
TAX OFFICE USE ONLY:	Approved	d Deni	ed By:	1111	Date:	3-11-8	15

Print Date: 01/06/2025 v52.1.9

MAR 13 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

Geo No. C518-999-0090-6100 Prop ID 350789

Print Date: 03/12/2025

Legal Description of the Property

9 CIELO VISTA PARK LOT 31 (7156 SQ FT)

1416 ELMHURST DR 79925

GECU REAL ESTATE DEPARTMENT P.O. BOX 20998 EL PASO, TX 79998--099

OWNER: BERRY MELISSA J

2023 OVERAGE AMOUNT \$2,926.40

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.

Step 1. Identify the refund	Who should the refund be issued to: Name: GECU							
recipient. Show information for								
whomever will be receiving	Address: PO BOX 981	529						
he refund.	City, State, Zip: FI POSO	TX 7999	8					
	Daytime Phone No.:915.718	9221 × 10082	E-Mail Address: OG	enda. arquell-esé				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled	Check Payment	1257865	12/28/2023	\$50,723,967.45				
check, original receipt, online				(A)				
payment confirmation or pank/credit card statement.	TOTALA	MOUNT PAID (sum of the	he above amounts)	50,723,967.45				
Step 3. Provide reason for	Please check one of the following:	MOCIVITATO (sum of the	ne ablotte antonines) e ,					
his refund.	I paid this account in error and I am entitled to the refund.							
Please list any accounts and/or years 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.	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.)							
\wedge	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE							
Yua 3/13/25	Brenda Arguelles 3/13/25 Approved Denied By: N.W. Date: 3-13-25							
The still	Diagone		Ora Ground	V				
TAX OFFICE USE ONLY:	Approved Denied	By: N.K	Date:	3-13-25				



MAR 13 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

Geo No. C518-999-0090-6100 Prop ID 350789

Legal Description of the Property 9 CIELO VISTA PARK LOT 31 (7156 SQ FT)

1416 ELMHURST DR 79925

GECU REAL ESTATE DEPARTMENT P.O. BOX 20998 EL PASO, TX 79998--099

OWNER: BERRY MELISSA J

2024 OVERAGE AMOUNT \$3.120.23

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.

raginiant	Who should the refund be issued to:							
	Name		,					
whomever will be receiving	Addr	ess: PO Box 9	181529		. /			
he refund.	City,	State, Zip: E1 Pas	0, TX 790	198				
	Dayti	me Phone No. 9157	78.9221 X 60	82 E-Mail A	ddress: Drenda.	agrelles oc		
	Paym	ent made by:	Check	No. Date Pai	d Amou	ınt Paid		
information. Please attach copy of cancelled	Chec	k Payment	12792	29 12/27/2	.024 \$5	51,302,346.41		
check, original receipt, online			# 100 mm 1		ill and leave the	ILIFAL PARTER OF THE PROPERTY OF THE PARTER		
payment confirmation or pank/credit card statement.	***************************************	TOTA	AL AMOUNT PAID (su	m of the above am	ounts) \$51,30	02,346.41		
tep 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) \$\\\\ 51,302,344 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
his refund. Please list any accounts and/or	X 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.							
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):							
0. 16: 16	Duci	aning balow. I hereby ar	oply for the refund of the	ahove-described tax	es and certify that th	e information I		
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this form is true	e and correct. (If you mannor or a state jail felony	ike a false statemen	on this application,	you could be found		
PUP 3/13/25	SIGN	NATURE OF REQUEST	OR (REQUIRED)	PRINTED N.	AME & DATE			

Print Date: 03/13/2025



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

MAR 0 7 2025

TAX OFFICE

Prop ID

11650

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

Geo No. D346-999-0040-4900

Legal Description of the Property 4 DEL MESA LOT 40 (5885 SQ FT)

1104 SAINT JOHNS DR

RAUL MARQUEZ 1376 LOMA VERDE DR EL PASO, TX 79936

6P J

OWNER: MARQUEZ JOSE R & MARGARITA

2023 OVERAGE AMOUNT \$2,965.52

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	ГҮ ТАХ	X REFUND:	This application i	must be comple	eted, signed, and	d submitted with suppo	orting documentation to be valid.
Step 1. Identify the refund recipient.		No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,	refund be issued to:		国金维基 的		西西亚斯里
Show information for	Name	17 17		29482			/
whomever will be receiving the refund.	Addre				1ex0e		
		State, Zip:	El PA		×	19936	
Step 2. Provide payment		ent made by	10:1915-253-		Check No.	Date Paid	Amount Paid
information. Please attach copy of cancelled		ronic Check		Control of the last	005986430	01/31/2024	\$2,965.52
check, original receipt, online payment confirmation or bank/credit card statement.			TOTAL AN	10UNT PA	D (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 payn	ent should have be	en applied to	other tax acc	ount(s) and/or year(s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	have g guilty	given on thi of a Class	s form is true and c A misdemeanor or	orrect. (If y a state jail fe	ou make a fals		ertify that the information I application, you could be found , Sec. 37.10.)
fmc 3/11/25	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE RANI MARQUEL 3-5-25						
TAX OFFICE USE ONLY:	V A	Approved	Denied	Ву:	4.14	Date:	37-25

v52.1.9 Print Date: 01/09/2025



1 2025

MARIA O. PASILLAS, RTA

Geo No. F124-000-0070-0900 Prop ID 138678

Print Date: 03/10/2025

Legal Description of the Property

7 FABENS HIGHWAY 9 TO 11 (9042.81 SQ FT)

718 SE JOHNSON ST 79838

ARTURO OLIVO JR 720 JOHNSON ST. FABENS, TX 79838

OP +2500

OWNER: OLIVO ARTURO JR

2024 OVERAGE AMOUNT \$3,529.48

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 11: FABENS ISD, 27: EMERG. SERVICES DIST. #2, 44: EL PASO CNTY WTR CNTL IMP#4

Dear Taxpayer:

v52.1.9

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 TAX REFUND: This application must be c	completed, signed, and	d submitted with support	rting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for	Name: Sessica Olivo			,			
whomever will be receiving	Address: P6 Box 2074						
the refund.	City, State, Zip: Fahers TX 79	838					
	Daytime Phone No. 1915) 433 4056		E-Mail Address:	essica-Olivo 21 Rychoo . E			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	Credit Card Payment	CC006942267	02/24/2025	\$3,529.48			
check, original receipt, online							
payment confirmation or bank/credit card statement.	TOTAL AMOUNT	r PAID (sum of th	a above amounts)				
Step 3. Provide reason for	Please check one of the following:	t FAID (sum of the	e above amounts)				
this refund.	I paid this account in error and I am entitled to the refund.						
Please list any accounts and/or 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.							
	SIGNATURE OF REQUESTOR (REQUIR	ED) PI	RINTED NAME & I	· · · · · · · · · · · · · · · · · · ·			
XNO 3/12/25	Jan 1992		Sessica C	21/25			
TAY OFFICE HEE ONLY	Approved Denied By		Date:	JIJ 3-12-25			
AX OFFICE USE ONLY:	Approved Denied By	JIIY IAX	UFFICE.	71-0100			



MAR 0 7 2025

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

RAUL MARQUEZ

1376 LOMA VERDE DR EL PASO, TX 79936

Geo No.

Prop ID

H012-999-0400-2500

373582

Legal Description of the Property

40 HACIENDA HEIGHTS #5 LOT 13 (6670 SQ FT)

7602 MATAMOROS DR 79915

OWNER: MARQUEZ RAUL

2023 OVERAGE AMOUNT \$4,039.10

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:

v52.1.9

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 TAX REFUND: This application must be o	completed, signed, and	d submitted with support	ing documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:	建作业制度						
recipient.	Name: RAMI MARquez							
Show information for whomever will be receiving	Address: 1376 Luna Var	De.						
the refund.	Ci. C. Ci.	TX 79'	736					
	Daytime Phone No.915-753- 9991		i i	nedsigraphics cor				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled.	Electronic Check	CC005986431	01/31/2024	\$4,039.10				
check, original receipt, online payment confirmation or								
bank/credit card statement.	TOTAL AMOUNT	Γ 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 refun	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 appl	ied to other tax acc	ount(s) and/or year(s),	, escrow (listed below):				
	,							
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form is true and correct.	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 four guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
. 0	SIGNATURE OF REQUESTOR (REQUIR	ED) PI	RINTED NAME & D.	ATE				
True 3/11/25	Ol W		RAIL MA	Ryner 3-525				
		N 15		2,2,25				
TAX OFFICE USE ONLY:	Approved Denied By:_	NIP	Date:	0.1.90				

Print Date: 01/09/2025



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

MAR 1 3 2025

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

> Geo No. L032-000-0060-0200

Prop ID 330066

Legal Description of the Property

6 LA JOLLA LOT 2 (20011.94 SQ FT)

10548 SANTA PAULA DR 79927

CHAVEZ RAUL JR & PRISCILLA 941 GERONNE DR EL PASO , TX 79907-3421

OP /

OWNER: CHAVEZ RAUL JR & PRISCILLA

2024 OVERAGE AMOUNT \$5,240.37

4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 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. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPER	TY 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: Paul Chaver In Address: 10548 Santa Paula D. City, State, Zip: 91 Paso TX 79927 Daytime Phone No.: 915-600-0754 E-Mail Address: rags Chaver @ 49th						
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 3936 01/30/2025 \$5,240.37						
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.	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.)						
Inc 3/13/25	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Zaul Chavez da 03: 11-2025						
TAX OFFICE USE ONLY:	Approved Denied By: NH- Date: 3-13-25						

v52.1.9 Print Date: 02/20/2025



TAX OFFICE RECEIVED

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

MAR 0 3 2025

Prop ID

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
COPPELL, TX 75019-9214

12500 V M403-999-0240-2400 610175

Legal Description of the Property

BLK 24 MESQUITE TRAILS #5 REPLAT A LOT 24 (5359.00 SQ FT)

12585 BROAD AUTUMN CT 79928

Geo No.

OWNER: BOUNKET DEREK L

2024 OVERAGE AMOUNT \$3,057.47

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

Dear Taxpayer:

ADDITICATION FOR BRODERTY TAY DEFINI

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.

ATTLICATION FOR PROPER	IIIA	A REPUND:	rus appricat	ion must be	completed, signe	d, and subn	nitied with supp	orung documen	nation to be vand.	
Step 1. Identify the refund	Who	should the refu	nd be issued	l 10:						
recipient. Show information for	Name	;	CORELO	GIC TAX S	SERVICES LLC				/	
whomever will be receiving	Addre	ess:	РО ВОХ 9	202		1		1/		
the refund.	City,	State, Zip:	COPPELL	TEXAS 7	5019	V	_			
	Dayti	me Phone No.:	817-699-2	106		E-N	Mail Address:	shenshweth	na@corelogic.co	m
Step 2. Provide payment	Paym	ent made by:			Check No). D	ate Paid	Amoui	nt Paid	
information. Please attach copy of cancelled	Elect	ronic Fund Tra	nsfer		RG24121715	664 1	2/18/2024	\$35	6,537,844.86	
check, original receipt, online payment confirmation or										
bank/credit card statement.			TOTAL	AMOUN	T PAID (sum o	of the abo	ve 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	e been app	lied to other tax	account(s) and/or year	(s), escrow (li	sted below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	have g	given on this fo	rm is true ar	nd correct	fund of the above (If you make a c jail felony unde	a false stat	tement on this	application,	you could be fou	nd
Juc 3/10/25	SIGN	ATURE OF RI	EQUESTOR		RED) shek	PRINT	ED NAME &	DATE 03/03/2025	V	
TAX OFFICE USE ONLY:		Approved	Denied	i By	10,1	17	Date:	3-5-2	25	



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

MAR 0 3 2025

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

Geo No. M794-999-0050-0900 Prop ID 27374

Legal Description of the Property

5 MORNINGSIDE HEIGHTS 4 & 5 & E 10 FT OF 6 (7196.11 SQ FT)

3517 MC KINLEY AVE 79930

OWNER: HERNANDEZ JAVIER

2024 OVERAGE AMOUNT \$5,299.96

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:

CATALINA DERAS

10245 RIDGEWOOD **EL PASO, TX 79925**

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 TAX REFUND	This application	must be compl	eted, signed, and	d submitted with supp	porting documentation to be valid.		
Step 1. Identify the refund	Who should the	refund be issued to:						
recipient. Show information for	Name: (7	Name: Catalina Deras						
whomever will be receiving		0245	Ridge	wood	a.			
the refund.	City, State, Zip:	EL PASI	1					
		Vo.: 915 72		2	E-Mail Address:	wfg cathy 2 egnain		
Step 2. Provide payment	Payment made by	y: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	40-110	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Electronic Check	k	CC	C006675361	01/21/2025	\$5,299.96		
check, original receipt, online payment confirmation or	er scrobers in	7 - 1177				F 77 F F F F F F F F F F F F F F F F F		
bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts)						
Step 3. Provide reason for	Please check one	of the following:				美国基本共和国企业		
this refund. Please list any accounts and/or	X 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):							
	4							
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 four guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
0	SIGNATURE OF	F REQUESTOR (R	EQUIRED)	PI	RINTED NAME &	DATE		
MUC 3/10/25	(at	alina De	Jav		Catalina	Deras'		
						/		
TAX OFFICE USE ONLY:	Approved	Denied	Ву:	4.W	Date:	3-5-25		

Print Date: 02/24/2025



FEB 24 2025

ARMANDO ARELLANO **4024 LAS VEGAS DR** EL PASO, TX 79902

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

Prop ID Geo No. P481-999-0090-0300 238718

Legal Description of the Property 9 PARKWOOD LOT 2 7012.50 SQ FT

10425 MEDWOOD DR

OWNER: ARELLANO ARMANDO

2019 OVERAGE AMOUNT \$2,783.863

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.

APPLICATION FOR PROPER	TY TAX REFUND: This application must be	completed, signed, and	d submitted with support	ing documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:			第二条数据			
recipient. Show information for	Name: Armando Arella	no					
whomever will be receiving	Address: 40 24 1 a5 1 cga 5			. /			
the refund.	City, State, Zip: 22 Paso 7	x 7000	2_				
	Daytime Phone No.: 915974088			rmanolo Cindpad.com			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	Credit Card Payment	CC006870328	01/31/2025	\$2,783.86			
check, original receipt, online							
payment confirmation or bank/credit card statement.	momus analysis	T.D.I.T.					
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:						
this refund.	I paid this account in error and I am	entitled to the refur	nd.	11 法有数 等级的 有的的方式			
Please list any accounts and/or years that you intended to pay	,	I paid this account in error and I am entitled to the refund.					
with this overage.		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):					
				a serio constituto de la constituto de l			
Step 4 Sign the form FICE Unsigned applications cannot	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 fals	se statement on this ap	plication, you could be found			
be processed. MAR 0 7 2025				_			
	SIGNATURE OF REQUESTOR (REQUIR	RED)	RINTED NAME & DA	ATE /			
Racived 808		t	Armando Ave	llano 2/17/2025			
Anc 3-1	11-25-6			5			
TAX OFFICE USE ONLY:	Approved Denied By:	11.12	Date:	3-10-25			

Print Date: 02/12/2025 v52.1.9

FEB 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

Geo No. P481-999-0090-0300 Prop ID 238718

Legal Description of the Property 9 PARKWOOD LOT 2 7012.50 SQ FT

10425 MEDWOOD DR 79935

ARMANDO ARELLANO **4024 LAS VEGAS DR EL PASO, TX 79902**

OWNER: ARELLANO ARMANDO

2024 OVERAGE AMOUNT \$2,783.86

Print Date: 02/12/2025

1: CITY OF EL PASO, 5: YSLETA 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 PROPER	TY TAX REFUND: This application must be of	completed, signed, and	d submitted with supportin	ng 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: Armando Hrela Address: 4024 Las Jeg City, State, Zip: 22 Paso T Daytime Phone No.: 9159740881			mando Q in Ipad.	
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by: Credit Card Payment	Check No. CC006870290	Date Paid 01/31/2025	Amount Paid \$2,783.86	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	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 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 proposed AX OFFICE MAR 0 7 2025	By signing below, I hereby apply for the ref have given on this form is true and correct. guilty of a Class A misdemeanor or a state SIGNATURE OF REQUESTOR (REQUIR	(If you make a fals jail felony under the ED)	se statement on this app e Texas Penal Code, Se RINTED NAME & DA	olication, you could be found c. 37.10.)	
TAX OFFICE USE ONLY:	Approved Denied By:	11. 11		3-10-25	



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

CITY TAX OFFICE

MAR 1 3 2025

		APPLICATION FOR	TAX REFUND		
The Con	solidated Tax Office co	ollects property taxes for all eli	gible property taxing entiti	es within El Paso County.	
APPLICANT MUST PRO	VIDE THE FOLLOWING IN	FORMATION:			
Refund To: Teresa del Real		Phone: HOME: 9157277783 WORK:	Property ID#	(One application per account)	
Address (mail refund to :)		Property Address: And/or 248 N SE	VILLE DR /10 SAMBRAN	10 4 TO 7 (12000 SQ FT)	
10901 Dave Marr C	T El Paso TX 79935	Legal Description:	The bottom of the organization of the organiza		
ax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:	
, 2024	02/03/2025		5959.40	5959.40	
		······································			
**************************************	TOTAL AMOU	JNT (sum of the above amounts)			
			(City Council ap	proval required if over \$2,500)	
	REQUIRED	Copy of original receipt, from	nt & back of negotiated c	heck, OR	
		showing item cleared (both th			
REASON FOR OV					
		ha mada an 01/21/2025			
Control of the Contro	* ************************************	be made on 01/31/2025.	ant had not been proces		
	······································	ad and realized that the paym	55-4-194-194-194-194-194-194-194-194-194-1	**************************************	
***************************************	**************************************	payment. That same day, both	***************************************	**************************************	
Management and the control of the co	WARRANT TO THE PARTY OF THE PAR		** * *********************************	ould reimburse the duplicate payme	
"I certify that in:	formation given to ob	tain this refund is true and	carrect."		
**************************************	111			03/12/2025	
11/1/2	in del 10	· **_/	Date:	7077272020	
Requestor signa	ture:				
	a del L ture:	D (0 2 22/	
16 V	670 461	Keel		Owner	
Printed name:			Title:		
	Any person knowingly subm	litting false entries is subject to [1] I	mprisonment of 2 to 10 years, o	or \$5,000 fine, or both.	
(2) Imprisonment	up to one year, or fine not	aver \$2,000, or bath. (Sec 37.10 Pen	al Code) An application for a rej	fund must be made within 3 years after	
	the date of t	the payment or the taxpayer walves	the right to the rejund (Sec. 31)	11 (G):	
TAX OFFICE Entry:	1 AREF	UND APPROVED			
ax Office Approval		N.4.		Date: 3-13-25	
un ujjice rappi urui					
	me	7 3/13/25		Date:	
(D) and an City Co				***************************************	
	uncil Agenda over \$2,5				
() DISAPPROVE			See below/attached		
30.00		receipt, Canceled Check, Ban	k Statement, or Other) no	t submitted.	
() Record	of overpayment not fo	und on this property.			
() Propert	y not found as identifie	ed, resubmit after correction.			
() Other:					
, ,					

******************************	***************************************				

TAX OFF.



Refund To:

LIMON MARIA DS

Address (mail refund to :)

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

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

APPLICATION FOR TAX REFUND The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County. APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION: \$162-999-0170-5300 Property ID# (One application per account) HOME: 512-638-1525 292670 WORK: Property Address: And/or 5421 SWEETWATER DR ELP TX 79924 Legal Description:

Tax year requested: Date payment made: Check No. & Date, if known: Amount of taxes paid: Amount of refund requested: 1. 2024 1/31/2025 \$3108.09 \$3,108.09

3.	
TOTAL AMOUNT (sum of the above amounts)	
the second secon	(City Council approval required if over \$2,500)
<u>REQUIRED:</u> Copy of original receipt, front	
bank statement showing item cleared (both t	he bank & taxpayer must appear)
REASON FOR OVERPAYMENT:	
	yment system incorrectly
indicated that payment hap	a hot been processed as
I was I countour to make	2 SUPE Payment Was
"I certify that information given to obtain this refund is true and c	orroot "
T certify triat information given to obtain this retund is true and c	3/11/2025
	-111
In I fin	Date: 411135 MJ
Requestor signature:	
Maria de / Socorro Lineon	D 1. (1) 1 - V
	- Kropatt Owner
Printed name:	Title:
Any person knowingly submitting folse entries is subject to: (1) lm (2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal	
the date of the payment or the taxpayer waives t	
TAX OFFICE Entry: () REFUND APPROVED	
and the company of th	
Tax Office Approval:	Date: 3-11-25
1 2	
mic 3-11-15	Date:
(Placed on City Council Agenda over \$2,500)	
	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:	
Application to: Tex Refund-WebVer.	8/16/2017



TAX OFFICE RECEIVED

MAR 0 3 2025

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

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.							
APPLICANT MUST PROV	IDE THE FOLLOWING INF	DRMATION: T.3		287-999-4930-2100			
Refund To:		Phone:		operty ID# (Or			
		HOME: (915) 300 5963					
Fatime Mullalli		WORK:	67	72285			
	V						
Address (mail refund to	.)	Property Address:					
radiood (man roland to	,	And/or					
A CO 264th MED BN	3391 WIN FIELD SC	14016 Charles Dellack Ave. El Dage TV 70000					
		g					
Tax year requested:	Date payment made:	Check No. & Date, if known: Amount of taxes paid:		s paid:	Amount of	refund requested:	
1. 2024	12-18-2024		3,000.00	- pa	3.000.00		
2.	12-10-2024		0,000.00		3.000.00	/	
3.						1	
0.	TOTAL AMOUN	NT (sum of the above amounts)	3,000.00	1	3,000.00	V	
	TOTALAWOOD	vi (outil of the above amounts)		Council appr		d if over \$2,500)	
Marie Landon Company	DECLUBED.	Convert original receipt from				11) OVET \$2,500)	
		Copy of original receipt, fron howing item cleared (both the					
REASON FOR OVE		nowing item clearea (both the	ε υατικ & ταχρα	yer nume m	ust uppeur,	<i>,</i>	
		000510010	Vertice and the service				
		CORELOGIC processed a p	ayment				
towards the taxe	s, which resulted in an	overpayment.					
"I certify that info	rmation given to obta	ain this refund is true and c	orrect."				
Date: 03-02-2025							
Duic.							
Requestor signatu	ire.						
Fatime Mullalli							
The object and the second second second second	as distance in contraction						
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.							
		ang faise entries is subject to: (1) im er \$2,000, or both. (Sec 37.10 Penal					
(2) imprisonment u		er 92,000, or both. (See 37.10 renar e payment or the taxpayer waives th				ue witimi 3 yeurs ajter	
TAX OFFICE Entry:	REFU	ND APPROVED					
		- V				6-25	
Tax Office Approval:	12	N.H.			Date:	3-5-25	
SANIA	3/10/25						
Muc3110lar					Date:		
(Placed on C)ty Cou	ncil Agenda over \$2,50	0)					
() 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	() Property not found as identified, resubmit after correction.						
() Other:							
, ,							
-							



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

MAR 0 7 2025

TAX OFFICE

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 V099-000-0230-0700 365753

Legal Description of the Property

23 VALLE DEL SOL #4 LOT 7 (4580.00 SQ FT)

420 VALLE KOKI DR

OWNER: MARQUEZ RAUL

2023 OVERAGE AMOUNT \$5,327.87

4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

Dear Taxpayer:

RAUL MARQUEZ

1376 LOMA VERDE DR EL PASO, TX 79936

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 TAX REFUND: This application must be	e completed, signed, and	d submitted with support	ing documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:			14 / 15 / 15 / 15 / 15 / 15 / 15 / 15 /		
recipient. Show information for whomever will be receiving the refund.	Name: Ranl Marque Address: 1374 Luna City, State, Zip: El Pasu, Daytime Phone No.: 915-253-90	2				
	Address: 1374 Luma	ver de 1	Dr			
	City, State, Zip: El PASU,	Tx 79	934			
	Daytime Phone No.: 915-253-96	197	E-Mail Address:	alodsigraphics		
Step 2. I Tovide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Electronic Check	CC005986432	01/31/2024	\$5,327.87		
check, original receipt, online 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 ap	pplied to other tax acc	ount(s) and/or year(s).	escrow (listed below):		
,	j.					
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) PRINTED NAME & DATE					
Jue -	dis			mor. 3-525		
TAX OFFICE USE ONLY:	Approved Denied By	v: ()	Date:	3-7-25		

Print Date: 01/09/2025 v52.1.9



TAX OFFICE

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. V893-999-0660-0100 Prop ID 247365

Legal Description of the Property

66 VISTA DEL SOL #13 LOT 1 (10763 SQ FT)

1952 OCTUBRE DR

RAUL MARQUEZ 1376 LOMA VERDE DR EL PASO, TX 79936

OWNER: MARQUEZ RAUL

2023 OVERAGE AMOUNT \$3,712.58

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.

APPLICATION FOR PROPER	TY TAX REFUND: This application must be comp	leted, signed, and	submitted with supporting do-	cumentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name: RAGI MARQUEZ					
whomever will be receiving	Address: 1376 Loma L		1/			
the refund.	City, State, Zip: El PASU		79936			
	Daytime Phone No.: 915-253-9997		E-Mail Address: raul @c	dsigraphics. com		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid A	mount Paid		
information. Please attach copy of cancelled	Electronic Check Co	C005986433	01/31/2024	\$3,712.58		
check, original receipt, online						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT DA	TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for	Please check one of the following:	(sum of the	above amounts)			
this refund.	I paid this account in error and I am entitled to the refund.					
Please list any accounts and/or 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 refund of the above-described taxes and certify that the informat have given on this form is true and correct. (If you make a false statement on this application, you could guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					
gnc3/11/25	SIGNATURE OF REQUESTOR (REQUIRED)		INTED NAME & DATE Parl Marquez	3-2-55		
O'		54				
TAX OFFICE USE ONLY:	Approved Denied By:	NIT	Date: 3-0	1-25		

Print Date: 01/09/2025

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

MAR 0 7 2025

CITY TAX OFFICE

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas gov

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

APPLICANT MUST PROV	IDE THE FOLLOWING INF	ORMATION:					
Refund To:		Phone:			Property ID#	(One application per	account)
		HOME: 915-253-9997					
Raul Marguez					94034		
		Work. g	15-253-9997		1000		100-110
Address (mail refund to	.1	Duamanti An	Idaaa		HCC 1 = 1	V893999	2880110
Address (mail refund to	.)	Property Ad	iaress:				
1376 Loma Verde El	Dana Ty 70026	And/or Legal Desci	rintion, 1648 GENI	E TORRES	DR		
1376 Loma verde Ei	Paso, 1x 79930	Legal Desci	288 VIS	TA DEL SO	OL #58 LOT	T 11 (6723 SQ	
Toy woor requested:	Doto novement modes	=======================================			fund reguested		
Tax year requested:	Date payment made:			Amount of taxes paid: 4,625.49		4,625.4	fund requested:
1. 2023	1-31-2024	ACH	1-31-24	4,02	7.43	4,025.4	+3 V
2. 3.					***************************************		
3.	TOTAL AMOUN	IT (average 4h	a abassa amassata)				
	TOTAL AMOU	NT (Sum of th	ne above amounts)		o:. o :/		40.5001
建 联						pproval required if	over \$2,500)
	The state of the s		ginal receipt, from				
DEAGON FOR OVE		howing iten	n cleared (both the	e bank & tax	kpayer name	e must appear)	ALEXANDER VE
REASON FOR OVE							
Duplica	ite						
"I certify that info	rmation given to obta	ain this refu	und is true and co	orrect."			
20							
Date: 3-5-25				25			
Requestor signature:				~ -			
Requester signati	ire:						
David Mare	****					Owner	/
Raul Mare				Title:			
Printed name:		· - 6-1-			Title:	- AF 000 F	
	y person knowingly submitt o to one year, or fine not ov						
(2)			he taxpayer waives th				within 3 years after
TAN OSSIGE S							
TAX OFFICE Entry:	() REFU	ND APPROV	ED				/
							2225
Tax Office Approval:		0.1				Date:	5.1.70
	4ma	21	11/25				
(Placed on City Council Agenda over \$2,500)							
() DISAPPROVED		ned to send		ee below/a			
() Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.							
	() Record of overpayment not found on this property.						
() Property i	not found as identified	, resubmit a	atter correction.				
() Other:							
,	,						
-							

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

MAR 0 6 2025



APPLICATION FOR TAX REFUND				
	collects property taxes for all eligible prope	erty taxing entities within El Paso County.		
APPLICANT MUST PROVIDE THE FOLLOWING I	NFORMATION:			
Refund To:	Phone:	Property ID# (One application per account)		
1/2 : 6	HOME: (415)478-2121	1221100		
Xavier Gomez	WORK:	1 100161		
	(915)644-2187	W180-004-0032-0015		
Address (mail refund to :)	Property Address: Q12 1.10 Hullan	Property 10# (One application per account) 133169 W180-004-0032-0015 Y Plvd Cunvtillo, TX 79835		
7340 Phil Hanson	And/or	y Diva Cally IIIo, IX 1911 33		
	Legal Description:			
Canutillo, TX 79835	1 10 Mil 10 - 21 - 1000 Mil 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
Tax year requested: Date payment made:	Check No. & Date, if known: Amount of	f taxes paid: Amount of refund requested:		
1.2025 1/30/2025	1817606 1/30/2025 \$4,5	\$4,500		
2.				
3.				
TOTAL AMO	UNT (sum of the above amounts)	200 02		
		(City Council approval required if over \$2,500)		
E 122 CONTRACTOR OF THE STATE O	2: Copy of original receipt, front & back of			
	t showing item cleared (both the bank & to	axpayer name must appear)		
REASON FOR OVERPAYMENT:	By mistake 1 Daid	The taxes for properly		
133164 and Prime	Exportic had alrea	lay ouid Them.		
	Court Name of the Court of the			
(800) (1.10)		MANTEN MA		
5				
"I certify that information given to ob-	otain this refund is true and correct."			
		r .		
1 1-		- nhulam-		
	Carlos de la companya	Date:		
Requestor signature:				
Torida frames		Date: 2/24/2025 Owner V		
JUNION GOINES		- UWYWY'		
Printed name:	the first the section of the section was a	Title:		
	itting false entries is subject to: (1) Imprisonment o over \$2,000, or both, (Sec 37.10 Penal Code) An ann	of 2 to 10 years, or 55,000 fine, or both. Olication for a refund must be made within 3 years ofter		
	he payment or the taxpayer waives the right to the			
		1		
TAX OFFICE Entry: (REF	UND APPROVED	V		
	* * 1 1	2-13-55		
Tax Office Approval:	N.H	Date: 3-13-25		
4mp 3	3-25			
TYPUC		Date:		
(Placed on City Council Agenda over \$2,5				
the state of the s	rned to sender () See below/a			
() Required documentation (Tax r	eceipt, Canceled Check, Bank Statement,	or Other) not submitted.		
() Record of overpayment not fou				
() Property not found as identified	d, resubmit after correction.			
() Other:				
		202		