

**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

July 8, 2025

1. Douglas Alorgbey, in the amount of \$11,245.01, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo. # C545-999-0050-0600)
2. Corelogic Tax Services LLC, in the amount of \$3,714.30 made an overpayment on December 18, 2024 of 2024 taxes.  
(Geo. #E014-999-1200-1600)
3. Jouse Toledano Jr, in the amount of \$4,977.54, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo. #S505-000-0010-0400)
4. Citiso Investments LLC, in the amount of \$14,376.02, made an overpayment on August 31, 2024 of 2024 taxes.  
(Geo. #X007-999-0000-0002)

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Laura D. Prine  
City Clerk



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Maria O. Pasillas, RTA  
Tax Assessor Collector



TAX OFFICE  
RECEIVED

JUN 11 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

DOUGLAS ALORGBEY  
6721 HERMOSO DEL SOL  
EL PASO, TX 79911

Geo No. C545-999-0050-0600	Prop ID 638042
Legal Description of the Property BLK 5 CIMARRON SAGE #1 LOT 6 7380 AUTUMN SAGE DR 79911	
OWNER: LAWSON APARTMENTS LLC SERIES A	

OP ✓  
+2500

2024 OVERAGE AMOUNT \$11,245.01 ✓

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 18: CANUTILLO 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.	Who should the refund be issued to:			
	Name: Douglas Alorgbey			
	Address: 6721 Hermoso del Sol ✓			
	City, State, Zip: El Paso tx 79911			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 832-378-5998		E-Mail Address: lawsonapartments@gmail.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006898537	01/31/2025	\$11,245.01
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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.		
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. ) ✓			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	[Signature]		Douglas Alorgbey 06/05/25	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.N. Date: 6-11-25 ✓				



JUN 06 2025  
149

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)

CORELOGIC  
PO BOX 9205  
COPPELL, TX 75019-9214

OP ✓  
+2500

Geo No. E014-999-1200-1600	Prop ID 408736
Legal Description of the Property 120 EAST EL PASO #4 6 TO 8 (10500 SQ FT) 3311 HUECO AVE 79903	
OWNER: ZAZENY LLC	

2024 OVERAGE AMOUNT \$3,714.30 ✓

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: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202			
	City, State, Zip: COPPELL TEXAS 75019			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 817-699-2106		E-Mail Address: shenshwetha@totality.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Fund Transfer	RG2412171564	12/18/2024	\$356,537,844.86
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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.			
	<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. )			
	SIGNATURE OF REQUESTOR (REQUIRED) Koushik V		PRINTED NAME & DATE Koushik V 6/6/2025	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: Nils Date: 6-11-25				



credit card

OP ✓  
+2500

TAX OFFICE  
RECEIVED

JUN 09 2025

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:

Refund To: JOSUE TOLEDANO JR ✓	Phone: (323) 652-7355 HOME: WORK:	Property ID# (One application per account) 5505-000-0010-0400 668522
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Address (mail refund to): 202 CRAFTSMAN DR. DOTHAN, AL 36303 ✓	Property Address: And/or Legal Description: 1021 AERODYNE PL EL PASO, TX 79928
--	--

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	28 JAN 25		\$ 4977.54	\$ 4977.54
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			\$ 4977.54 ✓	

(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 must appear)

REASON FOR OVERPAYMENT: I LOCK CH THE WRONG PROPERTY TAX DATE. THEN  
I PAID AND NOW THE CITY ACKNOWLEDGES THAT THEY HOLD THE SUM OF  
4977.54 please refund when available.

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

Requestor signature:

Date: 09 JUNE 25

Printed name:

JOSUE TOLEDANO JR

Title:

MR ✓

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:

( 4 ) REFUND APPROVED

Tax Office Approval:

NAH  
fme 6/12/25

Date: 6-11-25

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:





CITY TAX OFFICE

JUN 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

CITISO INVESTMENTS, LLC  
P.O. BOX 600  
CLINT, TX 79836-060

op  
+2500

Geo No. X007-999-0000-0002	Prop ID 126301
Legal Description of the Property E R TALLY SURV 7 ABST #180 (0.20 AC)  79905	
OWNER: CITISO INVESTMENTS LLC	

2024 OVERAGE AMOUNT \$14,376.02

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

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## 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>Citiso Investments, LLC</u> Address: <u>P.O. BOX 600</u> City, State, Zip: <u>CLINT, TX 79836</u> Daytime Phone No.: <u>(915) 851-4035</u> E-Mail Address: <u>citisoinvestments@aol.com</u>			
<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: <u>Check No.</u> <u>1000261</u> <u>Date Paid</u> <u>08/31/2024</u> <u>Amount Paid</u> <u>\$14,376.02</u>			
<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>TOTAL AMOUNT PAID (sum of the above amounts)</b> Please check one of the following: <input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. <input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. <input type="checkbox"/> I want this payment applied to next year's taxes. <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.) SIGNATURE OF REQUESTOR (REQUIRED) <u>[Signature]</u> PRINTED NAME & DATE <u>Edmund Lyba</u>			
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>6-26-25</u>			