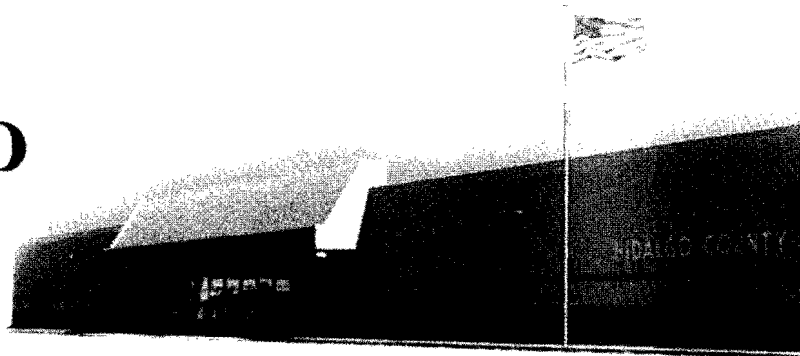


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

June 30, 2014

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

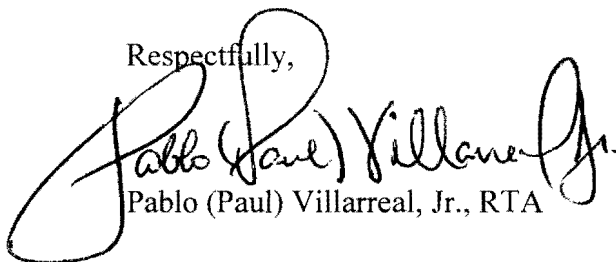
Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is(are) erroneous and/or excessive. The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

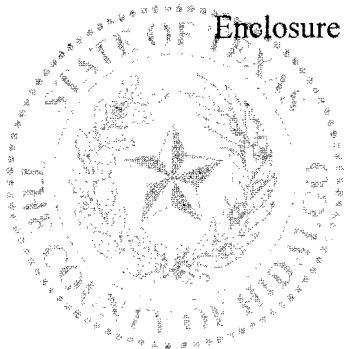
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., RTA

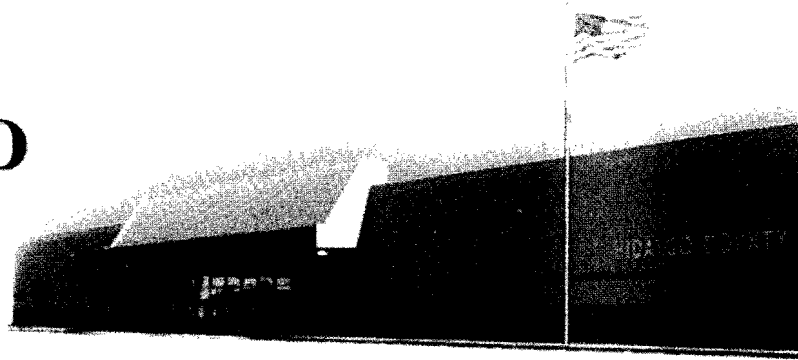
nlr

Enclosure



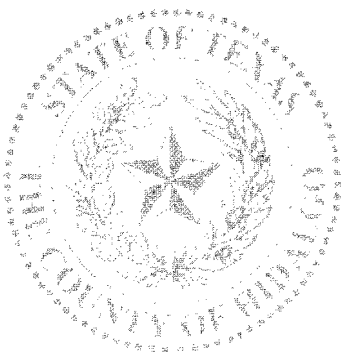
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ACCOUNT NUMBER	PAYER	AMOUNT
R0409.00.000.0081.00	PLAINS CAPITAL BANK (FNB)	\$10,438.85
S2978.02.000.001A.00	CORELOGIC COMMERCIAL REAL ESTATE	\$25,537.76



APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name DELGADO BEATRIZ A & JESUS I ALANIS PAID BY: PLAINS CAPITAL BANK (FNB) 4	
	Present mailing address (number and street) P O BOX 810	
	City, town or post office, state, ZIP code EDINBURG, TX 78540 4	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **RAIDER'S TRAIL W25' LOT 81 & ALL LOT 82**

Step 2: Describe the property	0.2152	
	Address or location of property: 816 OREGANO AVE	
	714158 4	
	Account number of property: R0409.00.000.0081.00 4	Tax receipt number: OR 25002736/22114435/19475081

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2013 4	1-10 / 2014	\$ 4999.87	\$ 4999.87 4
	2. ALL ENTITIES	2012 4	12-28 / 2012	\$ 4350.58	\$ 4350.58 4
	3. ALL ENTITIES	2011 4	12-27 / 2011	\$ 1088.40	\$ 1088.40 4
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 10438.85 1

Taxpayer's reason for refund (attach supporting documentation): **PD/ERROR AS PER PLAINS CAPITAL BANK(FNB). REFUND TO BANK.**

JN

Step 4: sign the form	"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."	
	Signature Beatriz Delgado	Date of application for tax refund 5/16/14

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 Texas Penal Code Section 37.10.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer [Signature]	Date 6/26/14
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) [Signature]	Date 5/20/14

5/28

#2131

LN# 991079424

3rd Prop.



PABLO (PAUL) VILLARREAL JR., RTA
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 01/31/2014

AUDITED BY: THE HIDALGO
COUNTY AUDITOR'S OFFICE
DATE: *6-25-14*

L.C. G. 6/25/14

Account Number S2978-02-000-001A-000 HCAD No. 684214 <i>a</i>
Legal Description of the Property SHARY STORAGE #2 LOT 1A 317 SHARY RD OWNER: ANOTHER CLOSET SELF STORAGE

CORELOGIC COMMERCIAL REAL ESTATE
SERVICES, INC
PO BOX 961009
FT WORTH, TX 76161

2013 OVERAGE AMOUNT \$25,537.76

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.116 of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Service Agent

Step 1: Identify the Payer requesting the refund if different than shown above	Name	CORELOGIC COMMERCIAL TAX SERVICE	
	Mailing Address	ATTN: EVELYN CHAPA (817) 699-8019 P. O. BOX 961009	
	City, State, Zip Code	FT. WORTH, TEXAS 76161-009 echapa@corelogic.com	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2013</u> and am the party entitled to the refund.		
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/>	Overpaid the account	
	<input type="checkbox"/>	Duplicate payment	
	<input type="checkbox"/>	Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer		<u>25,537.76</u>
	Total tax, penalty, and interest amount owed for the year		
	Amount of refund claimed		<u>25,537.76</u>
Step 5: How should the refund be processed?	<input type="checkbox"/>	Mail to Property Owner	
	<input checked="" type="checkbox"/>	Mail to Payer at address in Step 1	<u>Corelogic Commercial</u>
	<input type="checkbox"/>	Transfer this amount to account	For tax year
	<input type="checkbox"/>	Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form 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		
	SIGN HERE	<u>Evelyn Chapa</u>	Date of application <u>4/16/14</u>
	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 Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>6/26/14</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/1/14</u>

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

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