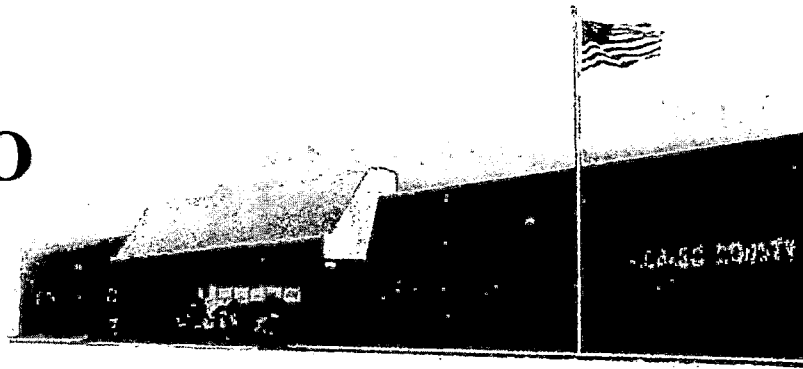


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



April 23, 2015

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

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). 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 recommended by the County Auditor.

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

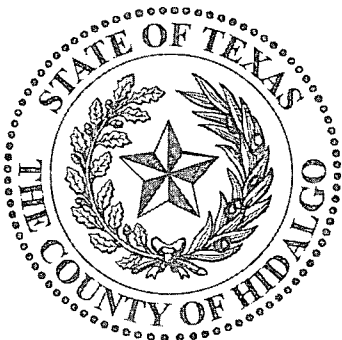
Respectfully,

*Pablo (Paul) Villarreal, Jr. PCC*

Pablo (Paul) Villarreal, Jr., PCC

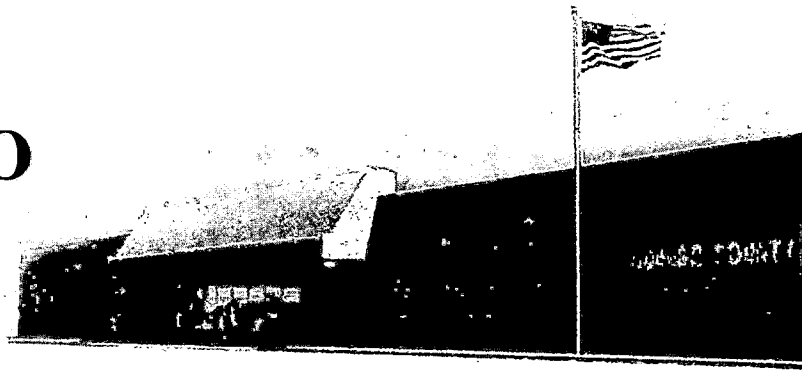
sp

Enclosure



Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



P.O. Box 178  
Edinburg, Texas 78540-0178  
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ACCOUNT NUMBER	PAYER	AMOUNT
E8250.03.000.0016.00	CORELOGIC	\$5,273.80
H2550.00.007.0015.12	ALONZO CANTU	\$2,828.45
J5700.99.008.0009.23	DOVE EQUIPMENT LLC	\$65,177.69
J5700.99.008.0009.05	SPIRIT TRUCK LINES INC	\$5,307.49
J5700.00.008.0009.18	GARZA LEASING	\$2,837.54
L2945.00.000.0013.00	HERNANDEZ VICTOR M & DIAMINA M	\$3,464.13
M2650.00.005.0008.05	VALLEY LAND TITLE CO.	\$4,253.66
M3246.00.000.0011.00	REFUGIO PROPERTIES LLC	\$4,920.14
M5675.00.000.0026.00	CORELOGIC	\$6,574.74
R3751.04.000.0011.00	JUSTIN L RONE TRUSTEE	\$4,526.65
S2332.00.000.006R.00	SUNDOWNER BUTTE COMPANY LLC	\$5,224.80
S4764.99.000.0007.01	FMC-NA SOUTHWEST BUSINESS UNIT	\$6,265.13
T2100.00.207.0000.05	THE LAW OFFICE OF MICHAEL J DALEY	\$6,577.21
T2100.00.267.0002.17	OSCAR S WYATT JR POA; BRADFORD A WYATT AGENT	\$5,522.43



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>CANTU JUAN PABLO &amp; VERONICA VEGA PAID BY: CORELOGIC</b>
	Present mailing address (number and street) <b>22717 SKINNER RD</b>
	City, town or post office, state, ZIP code <b>EDCOUCH, TX 78538-3637</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **EVERGREEN VALLEY ESTATES PH 2 LOT 16**

<b>Step 2: Describe the property</b>	Address or location of property:
	<b>716336</b>
	Account number of property: <span style="float: right;">Tax receipt number:</span>
	<b>E8250.03.000.0016.00</b> <span style="margin-left: 100px;">OR</span> <b>27520853</b>

<b>Step 3: Give the tax payment information</b>	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	2014	12/29	/ 14	\$ 11,291.31
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 5,273.80

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. WRONG**

**MEASUREMENTS OR DIMS PER:PHYSICAL INSPECTION/BLUE PRINTS**

**MM**

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> <small>Signature</small>	<b>Date of application for tax refund</b>
	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>2.19.15</b>
	<b>sign here</b> <small>Authorized officer</small>		Date <b>4/20/15</b>
	<b>sign here</b> <small>Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 2.11, tax code)</small>	<b>Paul Villar</b>	Date <b>3/25/15</b> <sup>9</sup> JE

411

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

Step 1: Owner's name and address	Owner's name <b>CANTU ALONZO TRUSTEE PAID BY: ALONZO CANTU</b>
	Present mailing address (number and street) <b>5221 N MCCOLL RD</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-2202</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO MC N357.2' S714.63 E292.15'**

Step 2: Describe the property	<b>W844.94' LOT 15 BLK 7 2.40AC NET</b>	
	Address or location of property:	
	<b>690204</b>	
	Account number of property: <b>H2550.00.007.0015.12</b>	Tax receipt number: <b>OR 27699958,2769959</b>

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	2014	1/6	/ 15	\$ 28,284.34
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,828.45

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. WRONG LAND RATE APPLIED. RF150221**

**MM**

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 <b>sign here</b>	Date of application for tax refund <b>4/20/15</b>

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's <b>sign here</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>4-9-15</b> <b>4/20/15</b>
	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) <b>sign here</b>	Date <b>3/25/15</b> JE

4/11

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>DOVE EQUIPMENT LLC*</b>
	Present mailing address (number and street) <b>PO BOX 87</b>
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589-0087</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **LEASED VEHICLES AT 200 W NOLANA / NEW ACCT**

<b>Step 2:</b> Describe the property	2014
	Address or location of property:  901197
	Account number of property: <b>J5700.99.008.0009.23</b> OR <b>27348479</b>
	Tax receipt number:

<b>Step 3:</b> 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	2014	12/17 / 14	\$ 91,002.15	\$ 65,177.69
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 65,177.69
Taxpayer's reason for refund (attach supporting documentation): <b>VALUE DECREASE. SUBMITTED/ ENTERED WRONG. RF150221</b>					
<b>MM</b>					

<b>Step 4:</b> 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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
	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.	

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>4/20/15</b>	
	<b>sign here</b> Authorized officer		Date	<b>4/20/15</b>
	<b>sign here</b> Collector(s) of taxing unit(s) for refund applications over (if part amount for which governing body approval is required under Section 31.11, tax code)	<b>Paul Ballard</b>	Date	<b>3/25/15</b> SE

4/1

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Unit) 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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>SPIRIT TRUCK LINES INC</b>
	Present mailing address (number and street) <b>PO BOX 87</b>
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589-0087</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIED FURNITURE FIXTURES & EQUIPMENT**

<b>Step 2:</b> Describe the property	<b>AT 1/4 MI W OF RAUL LONGORIA ON NOLANA NEW ACCT 1995</b>	
	Address or location of property:	
	<b>539544</b>	
	Account number of property: <b>J5700.99.008.0009.05</b>	Tax receipt number: <b>OR 27396796</b>

<b>Step 3:</b> 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	2014	12/19 / 14	\$ 6,473.85	\$ 5,307.49
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 5,307.49

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. PERSONAL**

**PROPERTY DAW J5700.99.008.0009.23 RF150221**

**MM**

<b>Step 4:</b> 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 <b>sign here</b>	Date of application for tax refund <b>4/20/15</b>

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.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>4/20/15</b>
	Authorized officer <b>sign here</b>	Date <b>4/20/15</b>	
	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) <b>sign here</b>	Date <b>3/25/15</b> + SE	

411

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Unit) 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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>GARZA LEASING</b>
	Present mailing address (number and street) <b>PO BOX 658</b>
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589-0658</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **JOHN CLOSNER N660'W281.03' E841.03' & S660' W262.48' E841.03' LOT 9 BLK 8 8.23AC GR 7.53AC NET**

Address or location of property:  
**527208**

Account number of property: **J5700.00.008.0009.18** OR **27396794** Tax receipt number:

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	2014	12/19 / 14	\$ 17,580.52	\$ 2,837.54
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,837.54

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE(SECTION 41.4111) MM**

**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."

<b>sign here</b> Signature	<b>sign here</b> Date of application for tax refund
----------------------------	---

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  Approved  Disapproved

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: **APR 9 9 15**  
**4/20/15**

<b>sign here</b> Authorized office	Date <b>4/20/15</b>
<b>sign here</b> 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)	Date <b>3/25/15</b> * <b>JE</b>

4/11

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>HERNANDEZ VICTOR M &amp; DIAMINA M</b>
	Present mailing address (number and street) <b>6005 N 25TH LN</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-4293</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **LARK LANDING LOT 13**

<b>Step 2:</b> Describe the property	Address or location of property: <b>627350</b>
	Account number of property: <b>L2945.00.000.0013.00</b>
	Tax receipt number: <b>OR 27089099</b>

<b>Step 3:</b> 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	2014	12/2	/ 14	\$ 3,464.13
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,464.13

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. GRANT DVHS**

**PRORATE 11/1/13 RF150221**

**MM**

<b>Step 4:</b> 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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
	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.	

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>4/20/15</b>
	<b>sign here</b> Authorized officer	Date <b>4/20/15</b>
	<b>sign here</b> 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)	Date <b>3/25/15</b> JE

411

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>CANTU ALONZO TRUSTEE PAID BY: VALLEY LAND TITLE CO</b>
	Present mailing address (number and street) <b>5221 N MCCOLL RD</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-2202</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **MCCOLL TRACT BNG AN IRR TR N569.50 W379.50'**

<b>Step 2: Describe the property</b>	<b>LOT 8 BLK 5 3.96AC</b>
	Address or location of property: <b>712921</b>
	Account number of property: <b>M2650.00.005.0008.05</b>
	Tax receipt number: <b>OR 27368311</b>

<b>Step 3: Give the tax payment information</b>	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	2014	12/19 / 14	\$ 14,178.83	\$ 4,253.66
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 4,253.66

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. WRONG LAND RATE APPLIED RF150221**

**MM**

<b>Step 4: sign the form</b>	"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 <b>sign here</b>	Date of application for tax refund <b>Date</b>

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.

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>4-8-15</b>
	Authorized officer <b>sign here</b>	Date <b>4/20/15</b>
	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) <b>sign here</b>	Date <b>3/25/15</b> JE

4/11

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Unit) 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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>REFUGIO PROPERTIES LLC</b> ✕
	Present mailing address (number and street) <b>PO BOX 658</b> ✕
	City, town or post office, state, ZIP code <b>SAN JUAN, TX 78589-0658</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **MEDPLEX NORTH CONDOS UT 11&12 AMENDED**

<b>Step 2:</b> Describe the property	Address or location of property:
	<b>519581</b> ✕
	Account number of property: <b>M3246.00.000.0011.00</b> ✕
	Tax receipt number: <b>OR 27658873</b>

<b>Step 3:</b> 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	2014	12/30 / 14	\$ 19,788.63	\$ 4,920.14 ✕
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 4,920.14
Taxpayer's reason for refund (attach supporting documentation): <b>VALUE DECREASE. CORRECTION</b>					
<b>DUE TO FAILURE TO SEND REQUIRED NOTICE (SECTION 41.411)</b>					
<b>RF150221 MM</b>					

<b>Step 4:</b> 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."	
	<b>sign here</b> ✕ Signature	<b>Date of application for tax refund</b>
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.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>4-8-15</b> (2) <i>d.c. 4/20/15</i>
	<b>sign here</b> ✕ Authorized officer	Date <b>4/20/15</b>	
	<b>sign here</b> ✕	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) <b>Paul Dillard</b> ✕	Date <b>3/25/15</b> ✕ SE

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>GONZALEZ MARGARET &amp; STEPHEN D HOLBROOK PAID BY: CORELOGIC</b>
	Present mailing address (number and street) <b>2308 MONACO DR</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78573-8471</b>
	<b>Phone (area code and number)</b> <b>(956) 318-2157</b>

Legal description (or attach copy of the tax bill or tax receipt): **MONACO LOT 26**

<b>Step 2: Describe the property</b>	Address or location of property: <b>574212</b>
	Account number of property: <b>M5675.00.000.0026.00</b>
	Tax receipt number: <b>OR 27521851</b>

<b>Step 3: Give the tax payment information</b>	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	2014	12/29	/ 14	\$ 6,574.74
2.				/	\$	\$
3.				/	\$	\$
4.				/	\$	\$
5.				/	\$ TOTAL	\$ 6,574.74

Taxpayer's reason for refund (attach supporting documentation): **VETERAN CHANGE. GRANT DVHS Q/YR 2013 FILED LATE PRORATED 10/1/13 RF150221 MM**

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>sign here</b> Authorized officer	Date <b>4/20/15</b>
	<b>sign here</b> 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)	Date <b>3/25/15 JE</b>

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: **4-8-15**  
**J.C. 4/20/15**

4/11

*(Handwritten signatures and initials)*

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1:</b>	Owner's name <b>VALERIO SALINAS IRMA PAID BY: JUSTIN L RONE TRUSTEE</b>
<b>Owner's name and address</b>	Present mailing address (number and street) <b>777 HWY 162 E</b>
	City, town or post office, state, ZIP code <b>PORTAGEVILLE, MO 63873</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **RO-ELLEN #4 PH 2 LOT 11**

<b>Step 2:</b>	<b>Describe the property</b>
	Address or location of property: <b>687393</b>
	Account number of property: <b>R3751.04.000.0011.00</b>
	Tax receipt number: <b>OR 28764723</b>

<b>Step 3:</b>	<b>Give the tax payment information</b>																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:20%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2014</td> <td>1/27 / 15</td> <td>\$ 3,703.64</td> <td>\$</td> </tr> <tr> <td>2. ALL ENTITIES</td> <td>2014</td> <td>1/30 / 15</td> <td>\$ 8230.29</td> <td>\$ 4,526.65</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$ TOTAL</td> <td>\$ 4,526.65</td> </tr> </tbody> </table>	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	2014	1/27 / 15	\$ 3,703.64	\$	2. ALL ENTITIES	2014	1/30 / 15	\$ 8230.29	\$ 4,526.65	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$ TOTAL	\$ 4,526.65
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																											
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2. ALL ENTITIES	2014	1/30 / 15	\$ 8230.29	\$ 4,526.65																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5.		/	\$ TOTAL	\$ 4,526.65																											
	Taxpayer's reason for refund (attach supporting documentation): <b>VALUE DECREASE. WRONG LAND RATE APPLIED. RF150221</b>																														
	<b>MM</b>																														

<b>Step 4:</b>	<b>sign the form</b>		
	"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."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>Signature</b> <b>sign here</b> </td> <td style="width:40%;"><b>Date of application for tax refund</b> </td> </tr> </table>	<b>Signature</b> <b>sign here</b>	<b>Date of application for tax refund</b> 
<b>Signature</b> <b>sign here</b>	<b>Date of application for tax refund</b> 		
	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.		

<b>Step 5:</b>	<b>Tax refund Determination</b>				
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 4-8-15</b> 				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>Authorized officer</b> <b>sign here</b> </td> <td style="width:30%;"><b>Date</b> <b>4/20/15</b></td> </tr> <tr> <td><b>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)</b> <b>sign here</b> </td> <td><b>Date</b> <b>3/25/15</b> <b>JE</b></td> </tr> </table>	<b>Authorized officer</b> <b>sign here</b>	<b>Date</b> <b>4/20/15</b>	<b>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)</b> <b>sign here</b>	<b>Date</b> <b>3/25/15</b> <b>JE</b>
<b>Authorized officer</b> <b>sign here</b>	<b>Date</b> <b>4/20/15</b>				
<b>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)</b> <b>sign here</b>	<b>Date</b> <b>3/25/15</b> <b>JE</b>				

4/11

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>SUNDOWNER BUTTE COMPANY LLC</b>
	Present mailing address (number and street) <b>PO BOX 338</b>
	City, town or post office, state, ZIP code <b>SPRINGER, NM 87747-0338</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **SDI WESLACO HOLDINGS LLC LOT 6R DELETE 2014**

<b>Step 2: Describe the property</b>	<b>COMB W/7R-00</b>	
	Address or location of property: <b>843819</b>	
	Account number of property: <b>S2332.00.000.006R.00</b>	Tax receipt number: <b>OR 28549948</b>

<b>Step 3: Give the tax payment information</b>	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	2014	1/30	/ 15	\$ 5,224.80
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 5,224.80

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE. REFERENCE ACCT COMBINED WITH S2332.00.000.007R.00 RF150221**

**MM**

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	DATE: <b>4-8-15</b> <b>4/20/15</b>	
<b>sign here</b> Authorized officer	Date	
<b>sign here</b> 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)	Date	
<b>Paul Dillard</b>		<b>3/25/15</b>

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# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>BIO MEDICAL APPLICATIONS OF TEXAS INC PD BY: FMC-NA SOUTHWEST BUSINESS UNIT</b>
	Present mailing address (number and street) <b>3850 N O CONNOR BLVD STE 1100</b>
	City, town or post office, state, ZIP code <b>IRVING, TX 75039-3739</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES &**

<b>Step 2: Describe the property</b>	<b>EQUIPMENT AT 1325 E QUEBEC NEW ACT 2007</b>	
	Address or location of property: <b>769880 X</b>	
	Account number of property: <b>S4764.99.000.0007.01 X</b>	Tax receipt number: <b>OR 28649131</b>

<b>Step 3: Give the tax payment information</b>	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	2014	1/30	/ 15	\$ 13,549.43
2.				/	\$	\$
3.				/	\$	\$
4.				/	\$	\$
5.				/	\$ TOTAL	\$ 6,265.13

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASED. SUBMITTED/ ENTERED WRONG. RF150221**

**MM**

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> Signature	<b>sign here</b> Date of application for tax refund

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.

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>
	<b>sign here</b> Authorized officer		DATE: <b>4-8-15 (e)</b> <i>D. C. [Signature]</i>
	<b>sign here</b> 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)	<i>Paul Dillman</i>	

4/11

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>HLAM LTD PAID BY: THE LAW OFFICE OF MICHAEL J DALEY</b>
	Present mailing address (number and street) <b>PO BOX 720139</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-0139</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **TEX MEX SURVEY S2174.26' LOT 207 355.07 AC GR**

<b>Step 2: Describe the property</b>	<b>354.07AC NET</b>
	Address or location of property: <b>901601</b>
	Account number of property: <b>T2100.00.207.0000.05</b>
	Tax receipt number: <b>OR 28721696</b>

<b>Step 3: Give the tax payment information</b>	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	2014	1/31 / 15	\$ 8,769.61	\$ 6,577.21
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 6,577.21
Taxpayer's reason for refund (attach supporting documentation): <b>VALUE DECREASE. GRANT AG USE</b>					
<b>RF150221</b>					
<b>MM</b>					

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
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.		

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>sign here</b> Authorized officer	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> DATE: <b>4-8-15</b>
	<b>sign here</b> Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required) under Section 31.10 (tax code)	Date <b>4/20/15</b> <b>3/25/15</b> JE

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# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	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) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>WYATT O S JR PAID BY: OSCAR S WYATT JR POA; BRADFORD A WYAT AGENT</b>
	Present mailing address (number and street) <b>PO BOX 510</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540-0510</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **TEX MEX SURVEY E10AC EXC N1AC FOR BLDG**

<b>Step 2: Describe the property</b>	<b>LOT 2A BLK 267 9.0AC GR 7.28AC NET DELETE FOR 2014 COMB W-01</b>	
	Address or location of property: <b>346591</b>	
	Account number of property: <b>T2100.00.267.0002.17</b>	Tax receipt number: <b>OR 27914330</b>

<b>Step 3: Give the tax payment information</b>	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	2014	1/12 / 15	\$ 5,522.43	\$ 5,522.43
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 5,522.43
Taxpayer's reason for refund (attach supporting documentation): <b>VALUE DECREASE. REFERENCE ACCT COMBINE W/T2100.00.267.0002.01 RF150221</b>					
<b>MM</b>					

<b>Step 4: sign the form</b>	"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."	
	<b>sign here</b> Signature	<b>Date of application for tax refund</b>
	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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>4/20/15</b>
	<b>sign here</b> Authorized officer	Date <b>4/20/15</b>	
	<b>sign here</b> 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)	Date <b>3/25/15</b> SE	

4/1