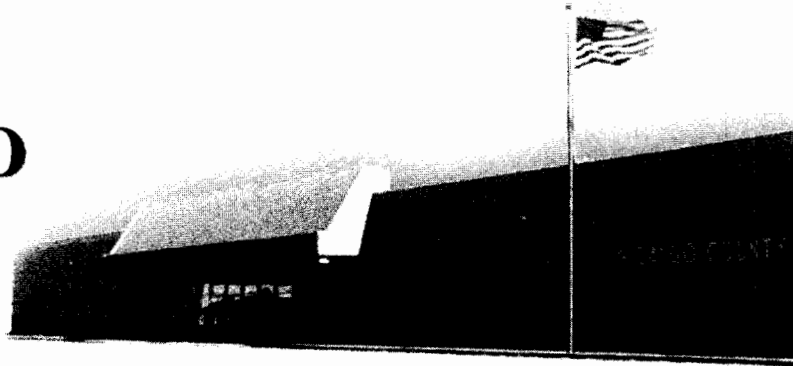


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**  
*Pablo "Paul" Villarreal, Jr. R7A*



June 12, 2017

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 District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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

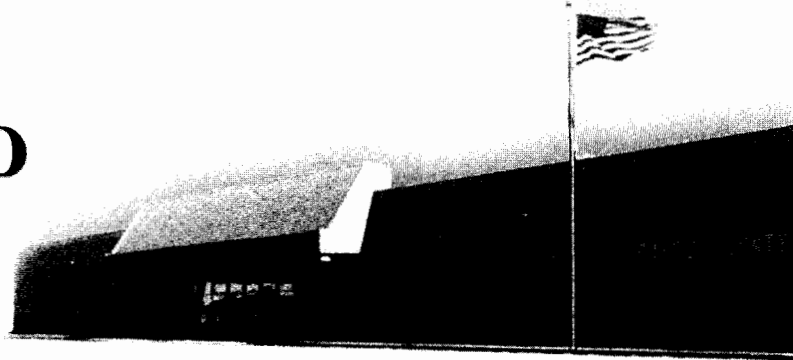
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Enclosure



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

*Pablo "Paul" Villarreal, Jr. RTA*



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ACCOUNT NUMBER	PAYER	AMOUNT
N7200.00.000.0001.00	WEINGARTEN REALTY	\$22,150.99
R3860.00.000.0006.00	WEINGARTEN REALTY	\$28,886.27



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>WEINGARTEN NORTHCROSS JV (PD BY: WEINGARTEN REALTY)</b>	
	Present mailing address (number and street) <b>PO BOX 924133</b>	
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77292-4133</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **NORTHCROSS SHOPPING CENTER LOT 1**

<b>Step 2: Describe the property</b>	Address or location of property: <b>4119 N 10<sup>TH</sup> ST</b>	
	<b>248947</b> ✕	
	Account number of property: <b>N7200.00.000.0001.00</b> ✕	Tax receipt number: <b>OR 34283197</b>

<b>Step 3: Give the tax payment information</b>	<b>Name Of Taxing Unit from Which Refund is Requested</b>	<b>Year for Which Refund is Requested</b>	<b>Date of the Tax Payment</b>	<b>Amount of Taxes Paid</b>	<b>Amount of Tax Refund Requested</b>
	1. ALL ENTITIES	2016 ✕	01/25 / 2017	\$ 140,386.09	\$ 22,150.99 ✕
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 22,150.99 ✕
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C3620-16E</b> ✕					
<b>DUE DATE AUGUST 30, 2017</b>					
<b>SP</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."	
	Signature sign here ✕	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>DATE: 06/17/17</b>
	Authorized officer sign here ✕	Date <b>6/27/17</b>	
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, law code) sign here ✕	<b>Jane Villal</b>		Date <b>5/23/17</b> ✕

# 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**

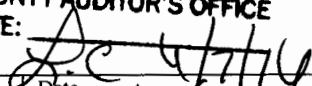


<b>Step 1: Owner's name and address</b>	Owner's name <b>WEINGARTEN NOLANA JV (PD BY: WEINGARTEN REALTY)</b>
	Present mailing address (number and street) <b>PO BOX 924133</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77292-4133</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER**

<b>Step 2: Describe the property</b>	Address or location of property: <b>2812 NOLANA AVE</b>
	<b>704040</b>
	Account number of property: <b>R3860.00.000.0006.00</b> OR Tax receipt number: <b>34283059</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	2016	01/25 / 2017	\$ 56,708.68	\$ 28,886.27
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 28,886.27
Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER C3620-16E</b>					
<b>DUE DATE AUGUST 30, 2017</b>					
<b>SP</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."	
	Signature sign here 	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>		

<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:  Date: <b>6/27/17</b> Date: <b>5/23/17</b> 
	Authorized officer sign here 		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code) sign here 