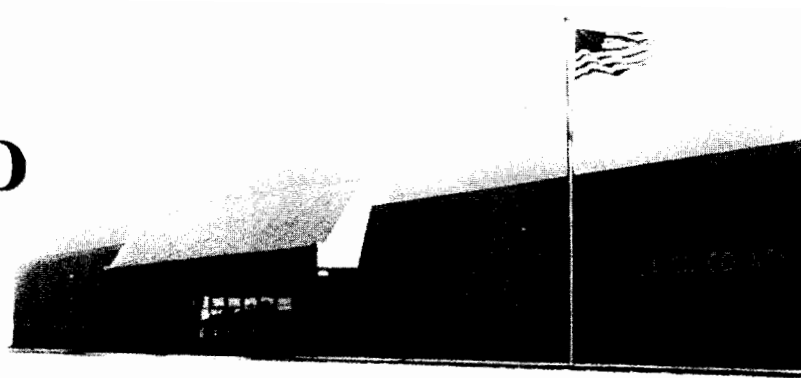


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R1A*



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

October 24, 2017

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.

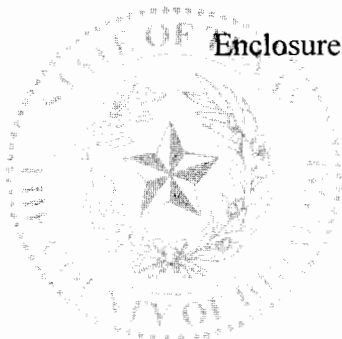
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., PCC

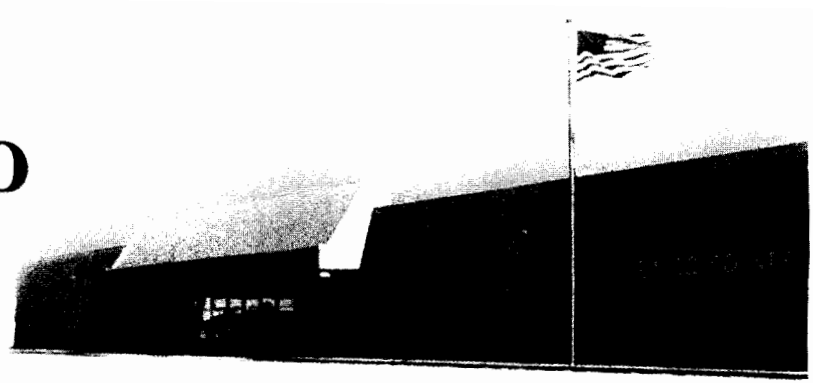
dc

Enclosure



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

*Pablo "Paul" Villarreal, Jr. RTA*



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ACCOUNT NUMBER	PAYER	AMOUNT
H2550.00.013.0006.01	Janet Harrod Carr	\$2,781.00
H2550.00.013.0006.01	Janet H Carr	\$2,897.76
H2550.00.013.0006.11	Auriel Investments, LLC	\$2,912.78
H2550.00.013.0006.11	James C Harrod	\$2,551.37
H2550.00.013.0006.01	Auriel Investments, LLC	\$2,912.78
H2550.00.013.0006.01	Janet H Carr	\$3,432.61
R1600.00.000.0006.00	Marcas Inc.	\$14,256.86
H2550.00.013.0006.11	James C Harrod	\$2,564.40
H2550.00.013.0006.11	James C Harrod	\$2,521.36
D3200.00.116.0001.00	Lorie A trevino	\$2,680.19
H0407.00.000.0019.00	Corelogic Inc.	\$4,656.40
D3200.00.084.0000.06	Guerra Bros Master Partnership	\$7,620.88
S7640.00.000.0014.00	Manuel & Blanca Rodriguez	\$3,281.89
T2100.00.270.0011.06	G & S Glass, LLC	\$7,432.29
R1951.00.000.0001.00	DHR Real Estate Management LLC	\$168,456.79



# 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>JANET H SHAKLEE PAID BY: JANET HARROD CARR</b>
	Present mailing address (number and street) <b>2920 E 73<sup>RD</sup> ST</b>
	City, town or post office, state, ZIP code <b>TULSA, OK 74136-5630</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13 22.18AC GR 14.10 ACT NET**



<b>Step 2: Describe the property</b>	Address or location of property:
	<b>189840</b>
	Account number of property: <b>H2550.00.013.0006.01</b>
	Tax receipt number: <b>OR 32133020</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	<b>2015</b>	<b>3/31</b>	<b>4</b>	<b>/ 16</b>	<b>4</b>	\$ 2,781.00
2.				/		\$	\$
3.				/		\$	\$
4.				/		\$	\$
5.				/		\$ TOTAL	\$ 2,781.00 <b>4</b>



Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #25-2015**

**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>  <b>Signature</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: 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>10/19/17</b> <b>CH JCC 10/24/17</b>	
	<b>sign here</b> 	Authorized officer <b>[Signature]</b>	Date <b>10-24-17</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>[Signature]</b>	Date <b>9/29/17</b>	<b>CHP</b>

9/29

# 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>JANET H SHAKLEE PAID BY: JANET H CARR A/K/A JANET H SHAKLEE</b>
	Present mailing address (number and street) <b>2920 E 73<sup>RD</sup> ST</b>
	City, town or post office, state, ZIP code <b>TULSA, OK 74136-5630</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13**

<b>Step 2: Describe the property</b>	22.18AC GR 14.10 AC NET	
	Address or location of property: <b>189840</b>	
	Account number of property: <b>H2550.00.013.0006.01</b>	Tax receipt number: <b>OR 29261769</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	5/29 / 15	\$ 4,236.08	\$ 2,897.76
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2,897.76

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**  
**SUPP #33-2014**  
**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>10/24/17</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>10/19/17</b>	
	Authorized officer <b>sign here</b>	Date <b>10-24-17</b>		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approvals required under Section 31.11, tax code) <b>sign here</b>	Date <b>9/29/17</b>		

9129

# 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>HARROD JAMES CALVIN REV TRUST PD BY: AURIEL INVESTMENTS LLC</b>
	Present mailing address (number and street) <b>2220 W 56<sup>TH</sup> AVE</b>
	City, town or post office, state, ZIP code <b>DENVER, CO 80221-6605</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13**



<b>Step 2: Describe the property</b>	22.18AC GR 14.10 AC NET
	Address or location of property:  <b>731782</b>
	Account number of property: <b>H2550.00.013.0006.11</b>
	Tax receipt number: <b>OR 34748948</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	<b>2016</b>	<b>1/31</b>	<b>/ 17</b>	<b>\$ 4,091.11</b>
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,912.78

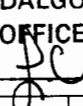
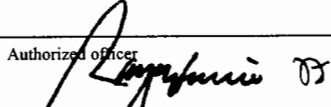
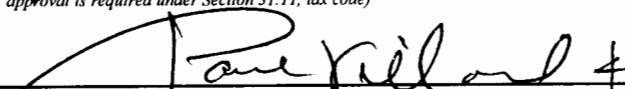
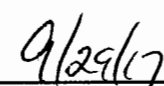
Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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>  <b>Signature</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: 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>10/19/17</b>  <b>10/24/17</b>	
	<b>sign here</b>  <b>Authorized officer</b>			Date <b>10-24-17</b>
	<b>sign here</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>			Date <b>9/29/17</b>  <b>CRP</b>

**9/29**

# 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>HARROD JAMES CALVIN REV TRUST PD BY: JAMES C HARROD</b>
	Present mailing address (number and street) <b>2220 W 56<sup>TH</sup> AVE</b>
	City, town or post office, state, ZIP code <b>DENVER, CO 80221-6605</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13**

<b>Step 2: Describe the property</b>	22.18AC GR 14.10 AC NET
	Address or location of property: <b>731782</b>
	Account number of property: <b>H2550.00.013.0006.11</b>
	Tax receipt number: <b>29870613</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	2015	11/10	/ 15	\$ 3,731.92
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,551.37

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**  
**SUPP #25-2015**  
**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>
	<b>sign here</b> Authorized officer	<b>DATE: 10/19/17</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>DATE: 9/29/17</b>

9/29

# 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>AURIEL INVESEMENTS LLC</b>
	Present mailing address (number and street) <b>100 E NOLANA AVE STE 130</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78504-2670</b>

**Phone (area code and number)**  
[ ]

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO MC 660' LT 6 BLK 13 22.18AC**

<b>Step 2: Describe the property</b>	GR 14.10 AC NET
	Address or location of property: <b>189840</b>
	Account number of property: <b>H2550.00.013.0006.01</b>
	Tax receipt number: <b>OR 34748948</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	1/31	/ 17	\$ 4,091.11
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,912.78

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>10/20/17</b>	
	Authorized officer <b>sign here</b>	Date <b>10-24-17</b>	<b>10/24/17</b>	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) <b>sign here</b>	Date <b>9/29/17</b>		

**9/29**

# 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>JANET H SHAKLEE PD BY: JANET H CARR A/K/A/ JANET H SHAKLEE</b>	
	Present mailing address (number and street) <b>2920 E 73<sup>RD</sup> ST</b>	
	City, town or post office, state, ZIP code <b>TULSA, OK 74136-5630</b>	<b>Phone (area code and number)</b> <b>█</b>

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13 22.18AC GR 14.10 ACT NET**

<b>Step 2:</b> Describe the property	Address or location of property:	
	<b>189840 4</b>	
	Account number of property:	Tax receipt number:
	<b>H2550.00.013.0006.01 4</b>	<b>OR 26503753</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	2013 4	7/31 4	/ 14 4	\$ 485.74 4	\$
2. ALL ENTITIES	2013 4	7/31 4	/ 14 4	\$ 3,197.77 4	\$ 2,106.43	
3. ALL ENTITIES	2013 4	8/15 4	/ 14 4	\$ 1,326.18 4	\$ 1,326.18	
4.			/	\$	\$	
5.			/	\$ TOTAL	\$ 3,432.61 4	

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #40-2013**

**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> █ <b>Signature</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> 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: <u>10/20/17</u> <i>Ch</i>
	<b>sign here</b> █ <b>Authorized officer</b> <i>Raymond</i>	Date <b>10-24-17</b>	
	<b>sign here</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> <i>Paul Yell</i>	Date <b>9/29/17</b>	<i>CAF</i>

# 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>UNION DESIGN DEVELOPERS LP PD BY: MARCAS INC A</b>
	Present mailing address (number and street) <b>100 E SAVANNAH</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78503-1397</b>

**Phone (area code and number)**  
[Redacted]

Legal description (or attach copy of the tax bill or tax receipt): **REES E66' LOT 6 & ALL LOTS 7 & 8 EXC N.33AC**

<b>Step 2: Describe the property</b>	<b>LOT 7 &amp; 8 21.69SC GR 20.68AC NET</b>	
	Address or location of property: <b>268170 A</b>	
	Account number of property: <b>R1600.00.000.0006.00 A</b>	Tax receipt number: <b>OR 35521756</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 <del>+</del>	6/8 <del>+</del>	/ 17 <del>+</del>	\$ 12,759.02 <del>+</del>
2. ALL ENTITIES	2016 <del>+</del>	7/21 <del>+</del>	/ 17 <del>+</del>	\$ 13,790.75 <del>+</del>	\$ 13,790.75 <del>+</del>
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 14,256.86 <del>+</del>

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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> <b>Signature</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: 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: <u>10/20/17</u> <u>10/24/17</u>	
	<b>sign here</b> Authorized officer	Date <b>10-24-17</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>9/29/17</b>		

9/29

# 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>HARROD JAMES CALVIN REV TRUST PD BY: JAMES C HARROD</b>
	Present mailing address (number and street) <b>2220 W 56<sup>TH</sup> AVE</b>
	City, town or post office, state, ZIP code <b>DENVER, CO 80221-6605</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13**

<b>Step 2: Describe the property</b>	22.18AC GR 14.10 AC NET	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>
	Address or location of property: <b>731782</b>	<b>DATE: 10-19-17</b>
	Account number of property: <b>H2550.00.013.0006.11</b>	<b>OR 27713672</b>
		<b>Tax receipt number:</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	12/31	/ 14	\$ 3,748.75
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,564.40

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #33-2014**

**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

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	
	Authorized officer <b>sign here</b>	Date <b>10-24-17</b>
	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) <b>sign here</b>	Date <b>9/29/17</b>

9/29

# 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>HARROD JAMES CALVIN REV TRUST PD BY: JAMES C. HARROD</b>
	Present mailing address (number and street) <b>2220 E 56<sup>TH</sup> AVE</b>
	City, town or post office, state, ZIP code <b>DENVER, CO 80221</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S660' LT 6 BLK 13 22.18AC GR 14.10 ACT NET**

<b>Step 2: Describe the property</b>	Address or location of property: <b>731782</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 10-24-17</b>
	Account number of property: <b>H2550.00.013.0006.11</b>	Tax receipt number: <b>OR 24204190,24204191,24204192</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	2013	11/22	/ 13	\$ 1,450.00
2. ALL ENTITIES	2013	11/22	/ 13	\$ 1,350.00	\$ 1,350.00
3. ALL ENTITIES	2013	11/22	/ 13	\$ 883.51	\$ 883.51
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,521.36

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE  
SUPP #40-2013  
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> <b>Signature</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: 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>10-24-17</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>9/29/17</b>

9129

# 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>		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>					
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		DATE: <u>10-19-17</u> <u>J. C. 10/24/17</u>					
		Phone (area code and number) <b>(956) 318-2157</b>					
<b>To apply for a tax refund, the taxpayer must complete the following</b>							
<b>Step 1:</b> Owner's name and address	Owner's name <b>LORIE ANN TREVINO AKA LORIE ANN R MONTELONGO PD BY: LORIE A TREVINO</b>						
	Present mailing address (number and street) <b>3962 LAGUNA SECA RD W</b>						
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78541</b>		<b>Phone (area code and number)</b>				
Legal description (or attach copy of the tax bill or tax receipt): <b>DEL TULE LT 1-2 &amp; E1/2 LOT 3 TRACT 116 R/S LT 8</b>							
<b>Step 2:</b> Describe the property	205.25 AC EXC N3.76AC/ROAD 205.25AC						
	Address or location of property: <b>158267</b>						
	Account number of property: <b>D3200.00.116.0001.00</b>		Tax receipt number: <b>OR 34911461</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		2016	2/21	/ 17	\$ 18,880.88	\$ 2,680.19
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5.				/	\$ TOTAL	\$ 2,680.19
	Taxpayer's reason for refund (attach supporting documentation): <b>RF170909 VALUE DECREASE</b>						
<b>SUPP #12-2016</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."						
	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:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved						
	Authorized officer <b>sign here</b>				Date <b>10-24-17</b>		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 24.1, tax code) <b>sign here</b>				Date <b>9/29/17</b>		

9/29

GRP

# 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>GILBERTO VILLARREAL PD BY: CORELOGIC</b>
	Present mailing address (number and street) <b>1745 PAMPLONA ST</b>
	City, town or post office, state, ZIP code <b>PHARR, TX 78577-0041</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **HACIENDA LA ESPERANZA LOT 19**

<b>Step 2: Describe the property</b>	Address or location of property: <b>1012762</b>		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 10-19-17</b> <i>J.C. 10/24/17</i>	Tax receipt number: <b>33428239</b>
	Account number of property: <b>H0407.00.000.0019.00</b>			
	<b>OR</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	12/19 / 16	\$ 4,800.68	\$ 4,656.40
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 4,656.40

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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> <b>Signature</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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>sign here</b> <b>Authorized officer</b> 	<b>Date</b> <b>10-24-17</b>
	<b>sign here</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>Date</b> <b>9/29/17</b>

9129

# 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>HECTOR GUERRA M PAID BY: GUERRA BROS MASTER PARTNERSHIP</b>
	Present mailing address (number and street) <b>PO BOX 38</b>
	City, town or post office, state, ZIP code <b>LINN, TX 78563-0038</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **DEL TULE .57AC TRS 84 & 86**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>157974</b>	<b>DATE: 10-19-17</b>
	Account number of property: <b>D3200.00.084.0000.06</b>	<b>OR 33571374</b>
	Tax receipt number:	

<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	2015	12/29	/ 16	\$ 8,051.56
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,620.88

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #25-2015**

**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>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

*[Handwritten Signature]*

10-24-17

*[Handwritten Signature: Paul Hillard]*

9/29/17 *[Handwritten Initials]*

9/29

# 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>MANUEL &amp; BLANCA E RODRIGUEZ d</b>
	Present mailing address (number and street) <b>2207 NICOLE DR</b>
	City, town or post office, state, ZIP code <b>MISSION, TX 78574-9702</b>

**Phone (area code and number)**  
[ ]

Legal description (or attach copy of the tax bill or tax receipt): **SUNSET RIDGE LOT 14**

<b>Step 2: Describe the property</b>	Address or location of property: <b>525716 d</b>		<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 11/10/17</b> <i>J.C. 10/24/17</i> <b>ORI 35184152</b>	Tax receipt number:
	Account number of property: <b>S7640.00.000.0014.00 d</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	1/25 / 17	\$ 3,281.89	\$ 3,281.89
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3,281.89 d

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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> <b>Signature</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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>sign here</b> <b>Authorized officer</b> 	<b>Date</b> <b>10-24-17</b>
	<b>sign here</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>Date</b> <b>9/29/17</b>

9/29

# 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>SARG ENTERPRISES LLC PAID BY: G &amp; S GLASS LLC</b>
	Present mailing address (number and street) <b>616 N CLOSNER BLVD</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78541-3474</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **TEX-MEX SURVEY W 85.4' E571.20' N660' LOT 11**

<b>Step 2: Describe the property</b>	SEC 270 1.0AC NET
	Address or location of property: <b>297044</b>
	Account number of property: <b>T2100.00.270.0011.06</b>
	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 10/19/17</b>

Tax receipt number:  
**OR 35575554**

<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	7/31	/ 17	\$ 8,258.10
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,432.29

Taxpayer's reason for refund (attach supporting documentation): **RF170909 VALUE DECREASE**

**SUPP #12-2016**

**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>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

**9/29**

# 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>DHR REAL ESTATE MANAGEMENT LLC (PAID DHR REAL ESTATE MANAGEMENT LLC)</b>
	Present mailing address (number and street) <b>PO BOX 3293</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78502</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **RENAISSANCE CENTER LOT 1,2,3 & 5**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>1000 E DOVE AVE</b>	<b>DATE: 10-20-17</b>
	<b>962411</b>	<b>DC 10/24/17</b>
	Account number of property: <b>R1951.00.000.0001.00</b>	Tax receipt number: <b>OR 35288695</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	05/03	/ 2017	\$ 33,710.36
2.	2013		/	\$ 35,232.88	\$ 35,232.88
3.	2012		/	\$ 48,420.36	\$ 48,420.36
4.	2011		/	\$ 51,093.19	\$ 51,093.19
5. TOTAL			/	\$	\$ 168,456.79

Taxpayer's reason for refund (attach supporting documentation): **RF170918 ROLLBACK CANCELLED**

**DC**

<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>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	
	Authorized officer <b>sign here</b>	Date <b>10-24-17</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) <b>sign here</b>	Date <b>9/29/17</b>

9/29