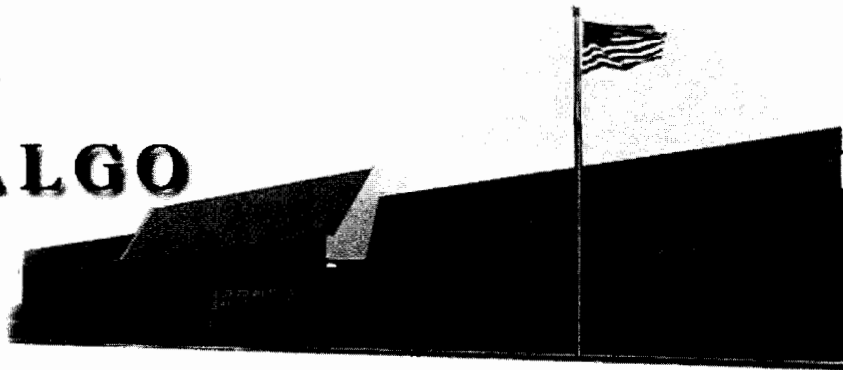


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

February 15, 2019

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

The Honorable Richard F. Cortez
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. PCC

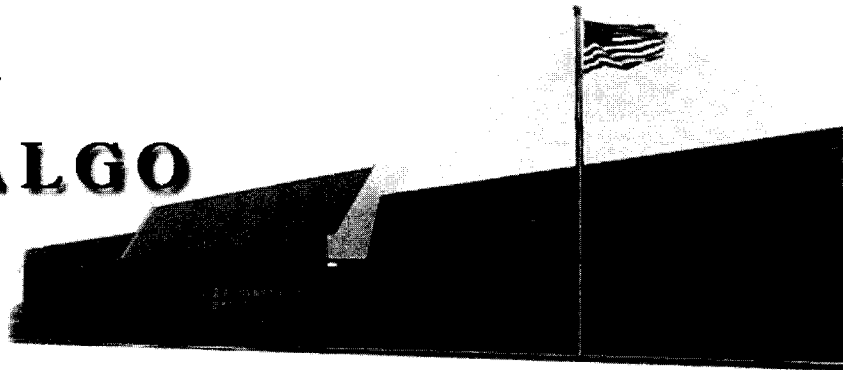
Pablo (Paul) Villarreal, Jr., PCC

br

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO

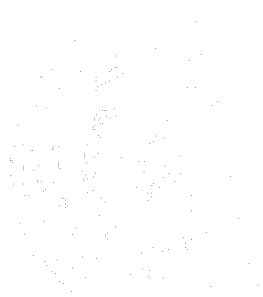


Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

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

ACCOUNT NUMBER	PAYER	AMOUNT
A1700.02.000.0121.00	CORELOGIC	\$3,321.06
H2550.00.009.0012.08	AE HOLDINGS LTD	\$3,281.01
L1956.01.000.0026.00	WELLS FARGO	\$4,000.00
S6853.00.000.0029.00	1511 CENLAR	\$4,355.41
T2100.00.237.0011.00	RATTIKIN TITLE COMPANY	\$3,000.00
V4359.00.000.0001.00	RCH BCH PARTNERSHIP LTD	\$8,411.19





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

DEC 20 2018 70

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

Email Address: REFUNDS.TAX@IIDALGOCOUNTYTAX.ORG

Print Date: 12/04/2018

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
 DATE: 02-11-2019 *ML*

2-11-19
A. G. 2/16/19

CORELOGIC
3001 HACKBERRY RD
WESTERN REGION SERVICE CENTER - DFW 4-5
IRVING, TX 75063--015

Account Number A1700-02-000-0121-00
HCAD No. 109870
Legal Description of the Property ALA BLANCA - NORTE UT NO. 2 LOT 121
1904 DOLORES DEL RIO AVE
OWNER: MORALES TOMAS JR

2018 OVERAGE AMOUNT \$3,321.06

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name: Corelogic Tax Service Refunds Department	Relationship to Property Owner
	Address: P. O. Box 9202 Coppel, TX 75019	Daytime Telephone Number
	City: 817-699-2601	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2018</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 only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
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	
	<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 <i>Marzuelin Sout</i>	Date of application <u>1-16-19</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: <i>Maria A. Duran</i> Date: <u>2-12-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Bell</i> Date: <u>1/29/19</u>

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

1/30

CRP 1-30-19



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

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

Print Date: 01/08/2019

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 2/7/2019 *AK*

AE HOLDINGS LTD
 2701 SANTA ESPERANZA
 MISSION, TX 78572-7156

2-11-19
J. P. [unclear]
2/12/19

Account Number H2550-00-009-0012-08 <i>d</i>
HCAD No. 569828 <i>t</i>
Legal Description of the Property HIDALGO CANAL CO-MC N15.11'-E92'-W732' LOT 12 BLK 9 0.19AC GR 0.15AC NET
1601 PECAN BLVD
OWNER: AE HOLDINGS LTD <i>d</i>
2018 OVERAGE AMOUNT \$3,281.01 <i>d</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>RICK FLORES</i>	Relationship to Property Owner <i>GM</i>
	Mailing Address <i>2701 SANTA ESPERANZA</i>	Daytime Telephone Number <i>968-0555</i>
	City, State, Zip Code <i>MISSION TX 78572</i>	Email Address: <i>RICK.FLORES@MB.COM</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2018</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input checked="" type="checkbox"/> Paid in error (explain) <i>SEE ATTACHED</i>	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<i>17,847.11</i>
	Total tax, penalty, and interest amount owed for the year	<i>14,271.95</i>
	Amount of refund claimed	<i>3281.01</i>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<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 <i>[Signature]</i>	Date of application <i>01/22/19</i>
	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	<i>Maria A. Duran</i> Date: <i>2-12-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>1/28/19</i>

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

1/28

GM
1-28-19



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

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

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 12/12/2018

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02-08-2019 *ll*

WELLS FARGO
 PO BOX 10335
 DES MOINES, IA 50306

2-11-19 ll
P.C.
2/12/19

Account Number L1956-01-000-0026-00	&
HCAD No. 20407340	&
Legal Description of the Property LA SIENNA DEVELOPMENT THE COVES PH I SEC 1 LOT 26 - AMENDED	
4306 STILLWATER COVE	
OWNER: MALDONADO ARNOLDO A & CYNTHIA DUARTE	

2018 OVERAGE AMOUNT \$4,000.00 &

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 9-0542205588

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Wells Fargo Home Mortgage		Relationship to Property Owner	Mortgage Company
	Mailing Address	1 Home Campus MAC F2302-030		Daytime Telephone Number	515-631-4778
	City, State, Zip Code	Des Moines, IA 50328		Email Address:	Randy.L.Burgin@wellsfargo.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>2018</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 checked="" type="checkbox"/>	Duplicate payment			
	<input type="checkbox"/>	Paid in error (explain) _____			
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	\$ 7972 ⁰³			
	Total tax, penalty, and interest amount owed for the year	\$ 7972 ⁰³			
	Amount of refund claimed	\$ 4000 ⁰⁰			
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			
	<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	<i>Ashley Lee</i> &	Date of application		1-16-19
	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 <i>Maria F. Durazo</i> Date: <i>2-12-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	By <i>Paul Miller</i> & Date: <i>1/28/19</i>

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



PABLO (PAUL) VILLARREAL JR., PCC
 Hidalgo County Tax Assessor - Collector
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

DEC 27 2018 44

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

Print Date: 12/14/2018

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02-11-2019 *llc*

1511 CENLAR
 SERVICED BY CORELOGIC TAX SERVICES LLC
 3001 HACKBERRY ROAD
 IRVING, TX 75063

2-11-19 llc
R. G. 2/12/19

Account Number S6853-00-000-0029-00 HCAD No. 697985
Legal Description of the Property SUGARLAND ESTATES LOT 29 1326 SWEET LN OWNER: GARZA JASON

2018 OVERAGE AMOUNT \$4,355.41

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Corelogic Tax Service
 Refunds Department
 P. O. Box 9202
 Coppell, TX 75019
 817-699-2601

Step 1: Identify the Payer requesting the refund if different than shown above	Relationship to Property Owner
	Daytime Telephone Number
Email Address:	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2018</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 only if refund is over \$500.00	Total amount paid by this taxpayer
	Total tax, penalty, and interest amount owed for the year
	Amount of refund claimed
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
	<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 <i>Paul Villarreal</i> Date of application <u>1-15-19</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: <i>Maria A. Duran</i> Date: <u>2-10-19</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Paul Villarreal</i> Date: <u>1/29/19</u>

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

1/30

CRP
1-30-19



PABLO (PAUL) VILLARREAL JR., PCC

Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 12/03/2018

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE

DATE: 2/18/19 MF

2-11-19 RL

P.C. 2/12/19

RATTIKIN TITLE COMPANY A
ESCROW ACCOUNT
201 MAIN STREET SUITE 800
FORT WORTH, TX 76102

Account Number
T2100-00-237-0011-00 A
HCAD No. 295084 A

Legal Description of the Property
TEX-MEX SURVEY E671'-S330'-N660' LOT 11
SEC 237 5.08AC GR 4.78AC NET

1301 N MCCOLL RD

OWNER: ANTUNA JUAN J & ERNESTINA

2018 OVERAGE AMOUNT \$3,000.00

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name		Relationship to Property Owner	
	Mailing Address		Daytime Telephone Number 817-334-1321	
	City, State, Zip Code		Email Address:	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2018 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	- previous partial payment was made	
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer		5,900.00	
	Total tax, penalty, and interest amount owed for the year		5,900.00	
	Amount of refund claimed		3,000.00	
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		
	<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		Date of application 12-28-18	
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
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
			By:	Date: 1/3/19

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

114

1-3-19



PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 01/04/2019

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: 02-11-2019 *LLP*

4
RCH BCH PARTNERSHIP LTD
PO BOX 747
ROCKPORT, TX 78381

2-11-19 LLP
L.G. 2/10/19

Account Number V4359-00-000-0001-00 <i>4</i>
HCAD No. 815340 <i>4</i>
Legal Description of the Property VIZA LOT 1 & 2
100 E EXPWY 83
OWNER: RCH-BCH PARTNERSHIP LTD <i>4</i>
2018 OVERAGE AMOUNT \$8,411.19 <i>4</i>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

Loan #: _____

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 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>RONALD C. HOOVER</i>	Relationship to Property Owner <i>PARTNERSHIP MGR.</i>
	Mailing Address <i>343 OLYMPIC DRIVE</i>	Daytime Telephone Number <i>361-463-1075</i>
	City, State, Zip Code <i>ROCKPORT, TX 78382</i>	Email Address: <i>RON@RONHOOVER.COM</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2018</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 only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<i>8,411.19</i>
Step 5: How should the refund be processed?	<input checked="" type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<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 <i>Ronald C. Hoover</i> <i>4</i>	Date of application <i>1/17/2019</i>
	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: <i>Maria A. Danner</i> <i>03 2-10-19</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>Paul Villarreal</i> <i>4/30/19</i>

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

1/30

CRB 1-30-19