

Office of Tax Assessor-Collector

COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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

June 9, 2020

The Honorable Richard F. Cortez
Hidalgo County Commissioners
Edinburg, Texas 78539

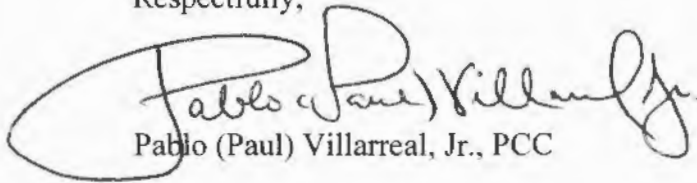
Re: See attached list

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

NR

Enclosure



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ACCOUNT NUMBER	PAYER	AMOUNT
B3810.00.000.0133.00	LOANCARE SERVICING CENTER	\$2,989.23



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

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SM1-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

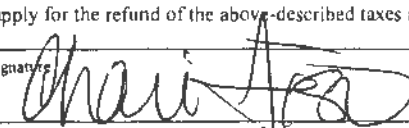
Step 1: Owner's name and address	Owner's name RODRIGUEZ CESAR A & CECILIA (PAID BY: LOANCARE SERVICING CENTER)	
	Present mailing address (number and street) 100 EL FARO RD	
	City, town or post office, state, ZIP code SULLIVAN CITY, TX 78595	Phone (area code and number)

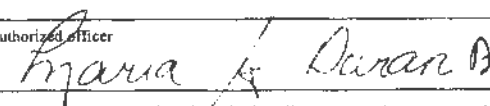
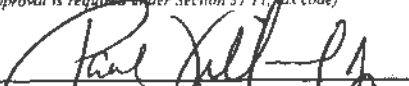
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): BOUGANVILLE ESTATES LOT 133	
	Address or location of property: 1008 W B ST	
	Account number of property: 684824	Tax receipt number:
	B3810.00.000.0133.00	OR 42090250

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	2019	11/27 / 2019	\$ 2,989.23
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 2,989.23

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR**

REFUND BACK TO LOANCARE SERVICING CENTER. SP
601 Riverside Ave., Bldg 5. Jacksonville. FL 32204 (# 0041151283) ATTN: DEBBIE BELL

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."	
	sign here 	Date of application for tax refund 4-17-20
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 sign here 	DATE: PD 6/4/2020 RC 6-5-20
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.11, tax code) sign here 	Date 6-5-2020 4/29/2020