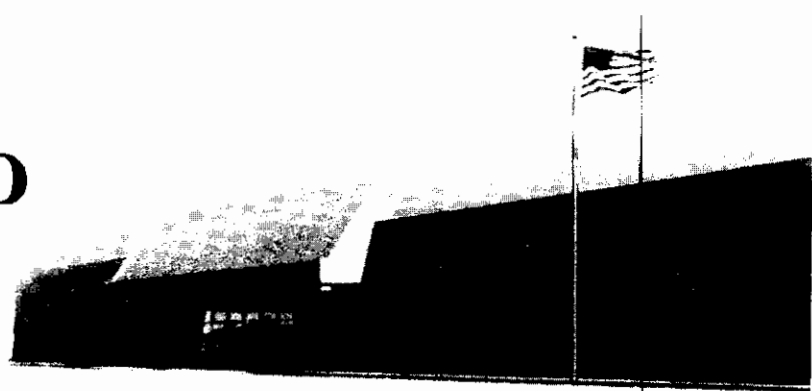


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. RIA*



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

December 9, 2022

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.

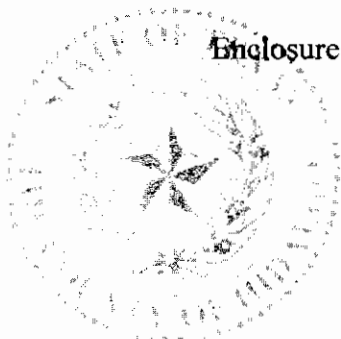
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

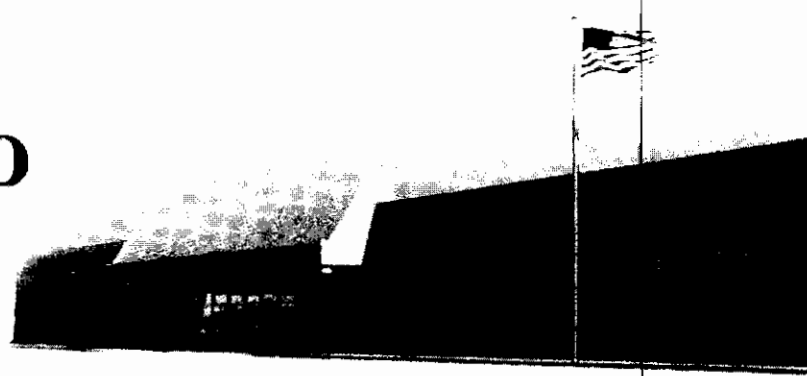
JVR

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
M5944.00.000.0019.00	LERETA LLC	\$4,905.13
S5070.00.000.0008.00	YARDI SYSTEMS INC-MORTGAGE RELIEF FUND	\$2,779.38
S6250.99.000.0000.15	CHEP USA	\$2,917.63
T6855.00.000.0006.00	EDWARDS ABSTRACT AND TITLE CO. ESCROW ACCOUNT	\$3,000.00



16336

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 11/23/2022 12/5/22 CM

80917258



PABLO (PAUL) VILLARREAL JR., PCC RC/11 12/8/2022

Hidalgo County Tax Assessor - Collector

PO BOX 178 EDINBURG, TX 78540-0178

PCC

tor

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

HIDALGOCOUNTYTAX.ORG

Print Date: 12/09/2021

# SECOND NOTICE

LERETA, LLC  
901 CORPORATE CENTER DR  
POMONA, CA 91768  
800-537-3821

LERETA LLC  
1139 G PARKVIEW DR  
GAVINA, CA 91724

AUG 1

5 2022

Account Number	000-0019-00
Account Number	688424
Description of the Property	
HCAD No.	JZ LOT 19
Legal Description	R DR MONTECRI
	1107 SOLA
	ANTU ORLANDO
OWNER: C	OVERAGE AMOUNT \$4,905.13
	CISD, 55: SOUTH TEXAS COLLEGE
2021	
Jan #:	80917258

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSISSIPPI

IN, 48: MISSION CISD, 54: SOUTH TEXAS

### APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund must be submitted within three years of the date of payment or you waive approval is required for refunds in excess of \$500. Please allow 60 days for p.

return it with proof of payment. Applications Texas Property Tax Code. Governing body please complete this application, sign it, and include over \$500.00 the right to the refund per Section 31.11c of the Tax Code. A notarized Affidavit required chip to Property Owner

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Idaho Housing clo	
	Mailing Address	901 CORPORATE CENTER DR	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	POMONA, CA 91768	
	I paid the taxes for year	X 2021 121	
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		
	<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		Date of application
	SIGN HERE	Sherry James	October 14, 2022
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: Sherry James	Date: 12/08/2022
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 12/12/22

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

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733  
 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG  
 Print Date: 05/25/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*  
 DATE: 11/15/2022 11/28/22 *CM*

*RC/II 11/30/2022*

**YARDI SYSTEMS INC-MORTGAGE RELIEF FUND**  
**12301 RESEARCH BLVD BLDG 4** ✓  
**SUITE 100**  
**AUSTIN, TX 78759**

Account Number S5070-00-000-0008-00 ✓ HCAD No. 288742 ✓
Legal Description of the Property SOUTHSIDE VILLAGE LOT 8 1515 KATHY LN ✓
OWNER: CORONADO IRMA YOLANDA ✓

2021 OVERAGE AMOUNT \$2,779.38 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 6: EMS DIST #4, 43: PHARR,SAN JUAN,ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 6000: ST LIGHT ADMIN FEE, 6059: LIGHT FEE SOUTHSIDE VILLAGE

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
	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 _____ 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 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 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
	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>Paul Jorg</i> Date: 11/30/2022
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	By: <i>Paul Jorg</i> Date: 10/13/22

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

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

Print Date: 09/27/2022

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

DATE: 11/29/2022 12/5/22 CM

RC111 12/8/2022

**FINAL NOTICE**

**SEP 27 2022**

CHEP USA  
 5897 WINDWARD PKWY  
 ALPHARETTA, GA 30005 ✓

Account Number  
 86250-99-000-0000-15 ✓  
 HCAD No. 1012269 ✓

Legal Description of the Property  
 DELETE 2020/ASSETS DISPOSED 12/31/2019;  
 LEASED EQUIPMENT AT SHD & CSJ / NEW  
 ACCT 2015

VAR LOC @ SHD & CSJ

OWNER: CHP USA ✓

2020 OVERAGE AMOUNT \$2,917.63 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 37: CITY OF SAN JUAN, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 57: HIDALGO 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	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>470-440-1939</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	City, State, Zip Code	Email Address:
	I paid the taxes for year <u>2020</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 <u>account closed</u>	
	<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	<u>\$2917.63</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$2917.63</u>
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 <u>[Signature]</u> ✓	Date of application <u>10.17.2022</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:  Approved  Denied By: [Signature] Date: 12/08/2022

TAX OFFICE USE ONLY:  Approved  Denied By: [Signature] Date: 10/27/22

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

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

Print Date: 02/16/2022

# SECOND NOTICE

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Alejandro Torres

DATE: 11/18/2022 12/5/22 CM

RCIII 12/8/2022

SEP 28 2022

**EDWARDS ABSTRACT AND TITLE CO.**  
 ESCROW ACCOUNT  
 3111 W. FREDDY GONZALEZ DR.  
 EDINBURG, TX 78539

Account Number T6855-00-000-0006-00 ✓ HCAD No. 560627 ✓
Legal Description of the Property TRENTON OAKS LOT 6 4008 TREY DR ✓
OWNER: SANCHEZ ERICK & FLOR DENIS ✓

2021 OVERAGE AMOUNT \$3,000.00 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 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 <u>Edwards Abstract</u>	Relationship to Property Owner <u>Escrow Title Co</u>
	Mailing Address <u>4228 N. McCall Rd</u>	Daytime Telephone Number <u>682-4951</u>
	City, State, Zip Code <u>McAllen, TX 78504</u>	Email Address: <u>Encl. wa@edwardsabstract.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2021</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 <u>[Signature]</u> ✓	Date of application <u>10/11/2022</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: <u>[Signature]</u> ✓ Date: <u>12/08/2022</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> ✓ Date: <u>10/12/22</u>

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