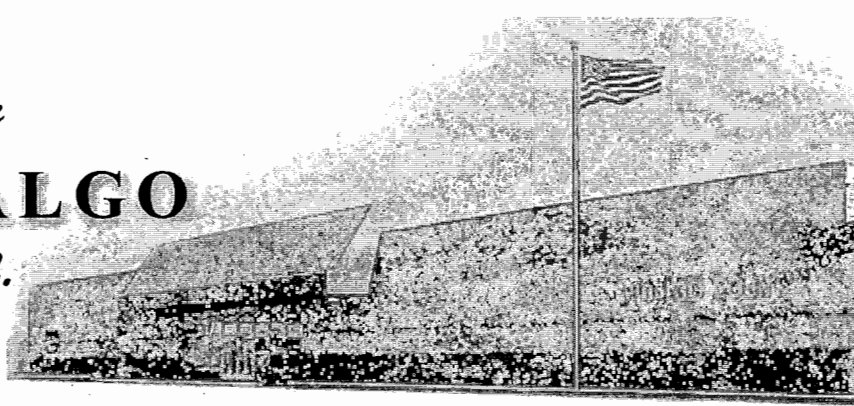


Office of Tax Assessor-Collector

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

November 22, 2023

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

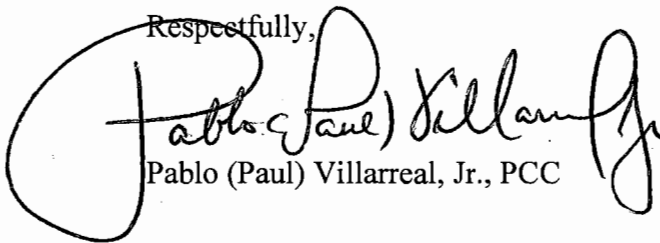
Re: See attached list

Commissioners Court:

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.

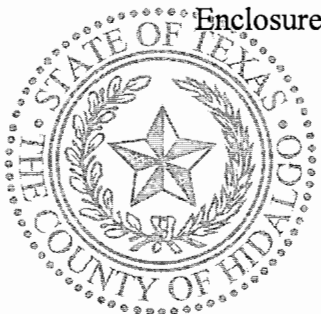
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., PCC

JT

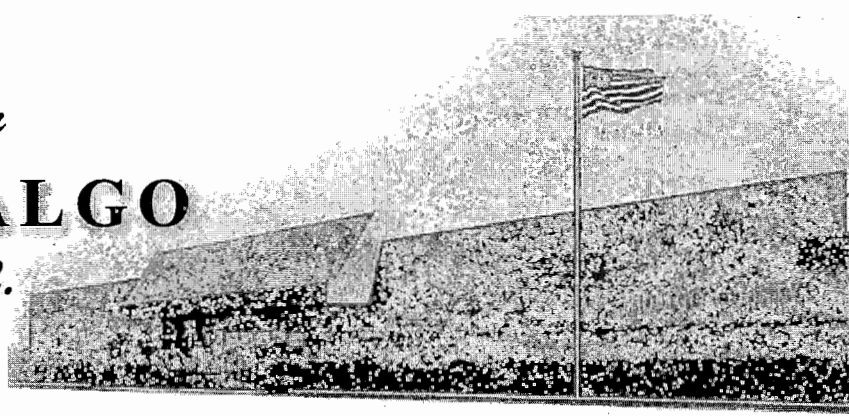
Enclosure



Office of Tax Assessor-Collector

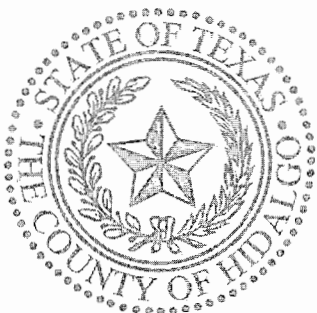
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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

| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|---|-------------|
| A1800.00.037.0011.00 | VANTAGE BANK | \$7,292.96 |
| H3055.00.003.0006.00 | FREEDOM BANK | \$12,485.89 |
| L0250.93.035.0004.01 | J-IV TRAILERS LLC | \$6,672.74 |
| L0540.00.000.0023.00 | CORELOGIC TAX SERVICES, LLC | \$43,238.21 |
| M5155.99.000.0000.05 | MISSION NURSING AND REHABILITATION CENTER | \$3,488.44 |
| N4820.00.000.0008.00 | MADELINE RUIZ | \$7,446.70 |



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



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

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

Print Date: 12/16/2021

SECOND NOTICE

FINAL NOTICE

8-28-23

AUG 10 2022

VANTAGE BANK ✓
 PO BOX 1720
 MCALLEN, TX 78505-172

11/20/2023
 HIDALGO COUNTY AUDITOR'S OFFICE
 APPROVED BY: Karen Ramirez
 DATE: 11/01/2023 CM
11/03/2023

| |
|---|
| Account Number A1800-00-037-0011-00 ✓ HCAD No. 112157 ✓ |
| Legal Description of the Property ALAMO LAND & SUGAR CO AN IRR TR S488.48'-LOT11 & W732.10'-S726.82'-LOT 12, BLK 37 26.32 AC GR 25.81 AC NET 105 N TOWER RD OWNER: CIL ALAMO WAREHOUSE PROPERTY LLC ✓ |

2021 OVERAGE AMOUNT ✓ \$7,292.96
 SOUTH TEXAS COLLEGE, 56: DONNA ISD

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD

Loan #: 55040

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>Vantage Bank</u> | Relationship to Property Owner |
| | Mailing Address <u>P.O. Box 1720</u> | Daytime Telephone Number |
| | City, State, Zip Code <u>McAllen TX 78505</u> | Email Address: <u>Claudia.Playle@Vantage.B</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 | <u>\$108,288.46</u> |
| | Total tax, penalty, and interest amount owed for the year | |
| | Amount of refund claimed | |
| 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 <u>2021</u> |
| | <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>Claudia Playle</u> ✓ | 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: <u>Linda Fong</u> Date: <u>11/21/2023</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>Paul Villareal</u> Date: <u>12/15/23</u> |

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: 01/27/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 10/16/2023 11/02/2023

[Signature] 11/10/2023

S/B HCTO tax acct. #694997

FREEDOM BANK ✓
 533 N ALAMO RD
 ALAMO, TX 78516

| |
|---|
| Account Number H3055-00-003-0006-00 ✓ |
| HCAD No. 192036 ✓ |
| Legal Description of the Property HIGHLAND HEIGHTS LOT 6 BLK 3 1104 NUECES ST |
| OWNER: ORANDA Y JOSEFINA ✓ |

2022 OVERAGE AMOUNT / \$12,485.89 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 20: CITY OF ALAMO, 43: PHARR, SAN JUAN, ALAMO 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 | 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 checked="" type="checkbox"/> Transfer this amount to account <u>B2542-00-000-0059-00</u> For tax year <u>2022</u> | |
| | <input type="checkbox"/> Escrow for next year's taxes <u>694997</u> | |
| 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 <u>11/18/2023</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>[Signature]</i> Date: <u>11/13/2023</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <u>1/25/23</u> |

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: 02/16/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: E.L.

DATE: 10/16/2023 CM 11/02/2023

[Signature] 11/10/2023

SECOND NOTICE

SEP 13 2023

J-IV TRAILERS LLC ✓
 600 EXPRESSWAY 83
 DONNA, TX 78537

| |
|--|
| Account Number L0250-93-035-0004-01 HCAD No. 1074070 ✓ |
| Legal Description of the Property SPECIAL INVENTORY (TRAILER) AT 600 E INTERSTATE HWY 2 (SEE L0250-99-035-0004-01) / NEW ACCT 2017 600 E INTERSTATE HWY 2 (N SIDE) 78537 OWNER: J IV TRAILERS ✓ |

2022 OVERAGE AMOUNT \$6,672.74 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE, 56: DONNA ISD, 76: CITY OF DONNA(X)

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>Jaime Ozuna</u> ✓ | Relationship to Property Owner <u>Owner</u> |
| | Mailing Address <u>600 Expressway 83</u> | Daytime Telephone Number <u>956-929-5070</u> |
| | City, State, Zip Code <u>Donna, TX 78537</u> | 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 <u>Attach copies of cancelled checks only if refund is over \$500.00</u> | 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 <u>Jaime Ozuna</u> | |
| | <input checked="" type="checkbox"/> Mail to Payer at address in Step 1 <u>yes</u> | |
| | <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 <u>9-21-2023</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>Danda Jorgy</u> Date: <u>11/13/2023</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>Pablo Villarreal</u> Date: <u>9/25/23</u> |

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

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-SML-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 GONZALEZ MARTIN (PD BY: CORELOGIC TAX SERVICES, LLC ✓) |
| | Present mailing address (number and street) 20925 N FM 493 |
| | City, town or post office, state, ZIP code EDINBURG, TX 78542-5297 |
| | Phone (area code and number) |

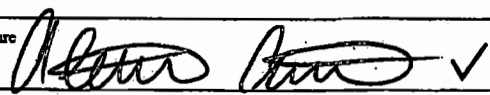
| | |
|---|--|
| Step 2: Describe the property | Legal description (or attach copy of the tax bill or tax receipt): LA BLANCA ESTATES LOT 23 |
| | Address or location of property: 19124 EBONY AVE |
| | 207738 ✓ |
| | Account number of property: L0540.00.000.0023.00 ✓ OR 53901318 Tax receipt number: |

| 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 | 2011 ✓ | 05/31 / 2023 | \$ 4,423.60 | \$ 4,423.60 ✓ |
| | 2. | 2010 ✓ | 05/31 / 2023 | \$ 4,389.76 | \$ 4,389.76 ✓ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ 43,238.21 | \$ 43,238.21 ✓ |

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

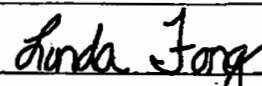
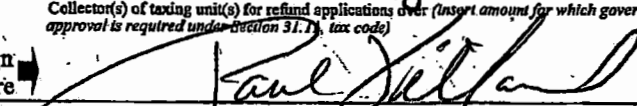
IS REQUESTING REFUND OF PAYMENT THEY MADE ON ACCT

BR

| | | |
|---------------------------------|--|---|
| 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 9.7.23 |

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.

HIDALGO COUNTY AUDITOR'S OFFICE
APPROVED BY: **E.L.** **10/16/2023**

| | | |
|--|--|---|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | DATE: CM 11/02/2023 11/17/2023 |
| | sign here  | Date 11/17/2023 |
| | sign here  ✓ | Date 9/13/23 |



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: 01/27/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Karen Ramirez

DATE: 11/01/2023 CM

11/03/2023
 MISSION NURSING AND ✓
 REHABILITATION CENTER
 1780 HUGHES LANDING BLVD STE 500
 THE WOODLANDS, TX 77380

SECOND NOTICE

SEP 15 2023

| |
|--|
| Account Number M5155-99-000-0000-05 ✓ |
| HCAD No. 1412782 ✓ |
| Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1013 SOUTH BRYAN / NEW ACCT 2022 |
| 1013 S BRYAN RD 78572 ✓ |
| OWNER: HMG PARK MANOR OF MISSION LLC ✓ |

2022 OVERAGE AMOUNT \$3,488.44 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION 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 <u>281-419-5500</u> |
| | 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 | <u>6791.06</u> |
| | Total tax, penalty, and interest amount owed for the year | <u>3302.62</u> |
| | Amount of refund claimed | <u>3488.44</u> |
| 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>9/21/2023</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>11/21/2023</u> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <u>[Signature]</u> Date: <u>10/09/23</u> |

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: 01/09/2023

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: *Karen Ramirez*

DATE: 11/01/2023 *CM*
11/03/2023

[Signature] 11/20/2023

MADELINE RUIZ
208 WEST PELICAN AVENUE
MCALLEN, TX 78504

| |
|--|
| Account Number N4820-00-000-0008-00 ✓ HCAD No. 531909 ✓ |
| Legal Description of the Property NORTH GARDEN ESTATES LOT 8 208 PELICAN AVE OWNER: RUIZ HENRY E & MADELINE Z ✓ |

2022 OVERAGE AMOUNT ✓ \$7,446.70 ✓

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>Madeline Ruiz</i> | Relationship to Property Owner <i>owner</i> |
| | Mailing Address <i>25 Rust Lane</i> | Daytime Telephone Number <i>208-777-1007</i> |
| | City, State, Zip Code <i>Boerne, TX 78006</i> | Email Address: <i>madrzech@gmail.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 _____ 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 | <i>7,632.87</i> |
| | Total tax, penalty, and interest amount owed for the year | <i>-</i> |
| | Amount of refund claimed | <i>7446.70</i> |
| 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 <i>2022</i> | |
| | <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>10/31/23</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>[Signature]</i> Date: <i>11/21/2023</i> |
| TAX OFFICE USE ONLY: | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | By: <i>[Signature]</i> Date: <i>10/06/23</i> |

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