

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](http://www.hidalgocountytax.org)

June 24<sup>TH</sup> 2026

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

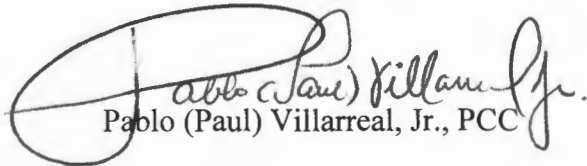
Re: See attached list

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

CG

Enclosure



Office of Tax Assessor-Collector

# COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. PCC.



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ACCOUNT NUMBER	PAYER	AMOUNT
C0820.03.000.0159.00	ARTURO GARCIA-CAMACHO TERESA CHAPA-GARCIA	\$2,550.16
E3300.99.234.0004.C1	RYAN, LLC PAYING FOR GRIFOLS INC	\$13,227.99
L0920.01.000.0133.00	CORELOGIC CENTRALIZED REFUNDS	\$2,600.00





**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: 04/02/2026

**RECEIVED**  
 05/19/2026

**HIDALGO COUNTY AUDITOR'S OFFICE**

Arturo Garcia-Camacho ✓  
 Teresa Chapa-Garcia  
 4303 San Efrain  
 Mission, Tx 78572

HIDALGO COUNTY AUDITOR'S OFFICE  
 APPROVED BY: *Jake Solis*  
 DATE 06/04/26 / KR 06/09/2026

<b>Account Number</b> C0820-03-000-0159-00 ✓ HCAD No. 20835196 ✓
<b>Legal Description of the Property</b> CAMPO DE SUEÑOS PH 3 LOT 159 ✓ 8408 N 35TH ST
<b>OWNER:</b> DEL VALLE VETERINARY SERVICES INC. & ✓

2025 OVERAGE AMOUNT \$2,550.16 ✓

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 <b>ARTURO GARCIA-CAMACHO / DEL VALLE VETERINARY SERVICES INC</b> ✓	Relationship to Property Owner <b>OWNER</b>
	Mailing Address <b>4303 SAN EFRAIN MI</b> ✓	Daytime Telephone Number <b>956-240-8564</b>
	City, State, Zip Code <b>MISSION, TX 78572</b>	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 <b>2025</b> ✓ 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	
	<b>SIGN HERE</b> <i>[Signature]</i> ✓	Date of application <b>04-18-2026</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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <b>6/11/2026</b>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <b>5/15/26</b> ✓

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: 03/24/2026

THE HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: J.O.

DATE: 06/02/2026 *ke* 06/05/26

RECEIVED

MAR 31 2026

✓ RYAN, LLC PAYING FOR GRIFOLS INC. **Ryan LLC**  
**PTS-Scottsdale**  
 PO BOX 4900  
 SCOTTSDALE, AZ 85261

Account Number E3300-99-234-0004-C1 ✓ HCAD No. 1568239 ✓
Legal Description of the Property INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 419 E UNIVERSITY DR / NEW ACCT 2024 419 E UNIVERSITY DR 78539 OWNER: GRIFOLS BIOMAT USA INC ✓

2025 OVERAGE AMOUNT \$13,227.99 ✓

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

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Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>Ryan LLC /</u>	Relationship to Property Owner
	Mailing Address <u>PO Box 4900</u>	Daytime Telephone Number
	City, State, Zip Code <u>Scottsdale AZ 85261</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 <u>2025</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>\$ 52,401.24</u>
	Total tax, penalty, and interest amount owed for the year	<u>\$ 39,173.25</u>
	Amount of refund claimed	<u>\$ 13,227.99</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	Date of application <u>5/5/26</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:  Date: <u>6/11/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By:  Date: <u>5/19/26</u>

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

HIDALGO COUNTY AUDITOR'S OFFICE

APPROVED BY: Jake Solis

DATE: 06/04/26 KE 06/09/26 MS



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: 12/27/2023

**RECEIVED** **FINAL NOTICE**  
 05/19/2026 **MAR 23 2026**

HIDALGO COUNTY AUDITOR'S OFFICE

CORELOGIC CENTRALIZED REFUNDS ✓  
 PO BOX 9202  
 COPPELL, TX 75019-9760

Account Number L0920-01-000-0133-00 ✓ HCAD No. 729427 ✓
Legal Description of the Property LA FLORESTA PH I LOT 133 ✓ 1709 QUEENS AVE
OWNER: MALDONADO ALEXIS M & MARISOL R ✓ 2023 OVERAGE AMOUNT \$2,600.00 ✓

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 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>Cotality</u> ✓	Relationship to Property Owner
	Mailing Address <u>Po Box 9202</u>	Daytime Telephone Number <u>817-699-2106</u>
	City, State, Zip Code <u>Coppell Texas 75012</u>	Email Address: <u>hrameshsuvarna@cotality.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>2023</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	<u>2600.00</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>4/21/26</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>6/11/2026</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>5/15/26</u> ✓

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