

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Tax Department

AGENDA DATE: May 15, 2018

CONTACT PERSON NAME AND PHONE NUMBER: Maria Pasillas, Tax Assessor Collector, 212-1737

DISTRICT(S) AFFECTED: All

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

Approve property tax overpayment refunds.

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

This action would allow us to comply with state law which requires approval by the legislative body, of refunds of tax overpayments, greater than \$2,500.00.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

N/A

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:



(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

TAX REFUNDS
May 15, 2018

1. El Paso Outlet Center, LLC, in the amount of \$18,235.03, made an overpayment on December 30, 2017 of 2017 taxes.
(Geo. #S81899900100300)
2. Loyd E. Davis , in the amount of \$4,389.66, made an overpayment on January 31, 2017 of 2016 taxes.
(Geo. #H77901715500060)
3. Ricardo Porras, in the amount of \$4,000.00, made an overpayment on December 28, 2017 of 2017 taxes.
(Geo. #P32499903503700)
4. Southwest Conv. Stores, in the amount of \$3,184.93, made an overpayment on December 30, 2017 of 2017 taxes.
(Geo. #07SS99910421434)
5. Southwest Conv., in the amount of \$23,474.02, made an overpayment on December 30, 2017 of 2017 taxes.
(Geo. #0273999900000000)
6. Nationstar Mortgage LLC, in the amount of \$3, 579.37, made an overpayment on December 26, 2017 of 2017 taxes.
(Geo. #H50199900007600)
7. National Tax Search, LLC, in the amount of \$44,442.62, made an overpayment on January 30, 2018 of 2017 taxes. *(This is a resubmission due to typo on April 3, 2018 Agenda)*
(Geo. #E05499905300500)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

OP
12500

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (915) 212-0106, Fax (915) 212-0108

TAX OFFICE
RECEIVED

APR 18 2018

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

5818-999-0010-0300

Refund To: <u>El Paso Outlet Center, LLC</u>	Phone: (214) 257-8907 HOME WORK	Property ID# (One application per account) <u>61962</u>
Address (mail refund to): 16275 W Higgins Rd. Ste. 560 Rosemont, IL 60018	Property Address: 7083 S Desert Blvd. and/or Legal Description: 1 Sun Valley Factory Shops Lot 3	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2017	1/8/18	11478 12/20/17	18,235.03	18,235.03 ✓
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			18,235.03	18,235.03

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

This was incorrectly paid. The property was sold to Paluti LP in 2016.

"I certify that information given to obtain this refund is true and correct."

Requestor signature: Chi [Signature] Date: 4/18/18 ✓
Printed name: Christopher Loco Title: Property Accountant

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec. 31.11 (c)).

TAX OFFICE Entry: (v) REFUND APPROVED

Tax Office Approval: SBooth Date: 04/19/18 ✓
Jue 4/19/18 Date: _____

(Placed on City Council Agenda over \$2,500)

- () DISAPPROVED () Returned to sender. () See below/attached.
- () Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.
 - () Record of overpayment not found on this property.
 - () Property not found as identified, resubmit after correction.
 - () Other: _____

DEPOSIT Remittance Detail

Summary Query

DEPOSIT		Remittance		Detail							
Summary Query										Summary	
Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
B01041878		S81899900100300									
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	B01041878	12/30/2017	36705535	011505	CH	\$98,323.54	\$18,235.03	PA	S81899900100300	PALUTILP	
	R030418698	12/30/2017	36705535	011505	CH	\$0.00	\$18,235.03	TR	S81899900100300	PALUTILP	
	R030418698	12/30/2017	36705535	011505	CH	\$0.00	\$18,235.03	TR	S81899900100300	PALUTILP	
	A11281677	11/28/2016	33088946	20112962	CH	\$16,569.16	\$16,569.16	PA	S81899900100300	24859229-WESTSTAR TT	
	A01191673	12/31/2015	30989500	009613	CH	\$196,275.31	\$16,330.60	PA	S81899900100300	EL PASO OUTLET OUTPA	
	X1031142001	10/31/2014	26796370	08318	CH	\$216,909.84	\$16,140.88	PA	S81899900100300	EL PASO OUTLET OUTPA	
	X0127142005	01/27/2014	25318928	07566	CH	\$201,896.93	\$15,656.18	PA	S81899900100300	EL PASO OUTLET OUTPA	
	X0128132002	01/28/2013	22670023	42465	CH	\$412,107.13	\$14,401.09	PA	S81899900100300	EL PASO OUTLET OUTPA	
	A02011241	01/31/2012	20285701	57	CH	\$89,807.81	\$11,903.32	PA	S81899900100300	EL PASO OUTLET CENTE	
	X0131111014	01/31/2011	18101625	00032	CH	\$123,501.39	\$11,250.27	PA	S81899900100300	EL PASO OUTLET CENTE	
	A01301056	01/30/2010	15648391	000026	CH	\$121,114.30	\$11,032.81	PA	S81899900100300	EL PASO OUTLET CENTE	
	A01310951	01/31/2009	13498583	000010	CH	\$143,549.66	\$11,065.04	PA	S81899900100300	EL PASO OUTLET CENTE	
Applied Total						\$142,584.38					

STATUS DETAIL

Account No.	CAD No.	Parcel Address	Certified Owner	Account Due	Amount Due/Paid Information	Year	Gross Value	Base Levy	Paid Levy	Write-Off	Remaining Levy	Fees	Refund	Amount Due
3018-999-0010-0300	61962	S DESERT BLVD 7083	PALUTILP	04/19/2018	\$18,235.03	2017	\$573,481	\$18,235.03	\$0.00	\$0.00	\$18,235.03	\$2,005.85	\$18,235.03	\$20,240.88
Total														
2009 \$432,926														
2010 \$432,926														
2011 \$432,926														
2012 \$515,093														
2013 \$532,477														
2014 \$532,477														
2015 \$532,477														
2016 \$532,477														
2017 \$573,481														

Deposit Status

Notes

Go To:

SHERRYB
ACT80122 v1.89

04/19/2018 16:05:17
ACTEP

Deposit
Remittance
DETAIL

Remittance Detail				Tax	Rec	Applied			Penalty &	Attorney	
Account No.	Unit	Year	Type			Amount	Levy	Discount	Interest	Fees	Refund
SB1899901100300	8001	2017	TL			\$18,235.03	\$0.00	\$0.00	\$0.00	\$0.00	\$18,235.03
Applied Total						\$18,235.03	\$0.00	\$0.00	\$0.00	\$0.00	\$18,235.03



MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

TAX OFFICE
RECEIVED

APR 06 2018

DAVIS FAMILY LIVING TRUST
7416 ECCLES DR
DALLAS, TX 75227-9315

Geo No. H779-017-1550-0060	Prop ID 156870
Legal Description of the Property 155 HORIZON CITY #176 & 7 (43560.00 SQ FT) LOMA AVE OWNER: DAVIS DWIGHT & JACKIE (JTROS)	

2016 OVERAGE AMOUNT \$4,389.66

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: David E. Davis (Trustee)		(26394675)	
Step 2. Provide payment information. Please attach copies of canceled checks, bank statement or original receipts for all cash payments you made	Address: 7416 Eccles Dr.			
	City, State, Zip: Dallas TX 75227			
	Daytime Phone No.: 214-358-2087		E-Mail Address: mrdavis@gmail.com	
	Payment made by: Check No. # 9181		Date Paid 1/26/17 Amount Paid \$4,434.00	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
	☒ I paid this account in error and I am entitled to the refund.			
	☐ I overpaid this account. Please refund the excess to the address listed in Step 1.			
Step 4. Sign the form. Unsigned applications cannot be processed.	☐ I want this payment applied to next year's taxes.			
	☐ This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.)		SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE

TAX OFFICE USE ONLY:

☐ Approved

☐ Denied

By: _____

Date: _____

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

Print Date: 03/27/2018



TAX OFFICE RECEIVED

APR 20 2018

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

DAVIS FAMILY LIVING TRUST
7416 ECCLES DR
DALLAS, TX 75227-9315

OP
+2500 ✓

Geo No. H779-017-1550-0060	Prop ID 156870
Legal Description of the Property 155 HORIZON CITY #17 6 & 7 (43560.00 SQ FT)	
LOMA AVE	
OWNER: DAVIS FAMILY LIVING TRUST	

2016 OVERAGE AMOUNT \$4,389.65 ✓

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT JSD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name:			
	Address:			
	City, State, Zip:			
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	Daytime Phone No.:		E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	☒	I paid this account in error and I am entitled to the refund.		
	☐	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	☐	I want this payment applied to next year's taxes.		
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
JMC 4/20/18		JOYD E. DAVIS 4/17/2018		
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: <i>Scott</i> 04/20/18 Date: 4/17/2018				

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

APR 20 2018

Print Date: 02/01/2017

Deposit Status

Notes Go To

SHERRYB
ACT80122 v1.89

04/06/2018 13:09:44
ACTEP

DEPOSIT Remittance Detail

Summary Query Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
X0131172002	H77901715500060				

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
T01021840009	01/02/2018	36716462	08171	CH	\$44.92	\$29.97	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0131172002	01/31/2017	34557657	09181	CH	\$4,434.00	\$29.59	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0131172002	01/31/2017	34557657	09181	CH	\$4,434.00	\$4,389.66	LG	H77901715500060	DAVIS FAMILY LIVING TR	
X1222152003	12/22/2015	30418657	08863	CH	\$44.05	\$29.39	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0105152007	12/31/2014	27695646	08535	CH	\$42.83	\$28.58	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0129142002	01/29/2014	25396530	08183	CH	\$55.96	\$28.21	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0122131002	01/22/2013	22527640	07855	CH	\$27.39	\$27.39	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0110122002	01/10/2012	19792173	08518	CH	\$40.34	\$26.91	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0128111018	01/28/2011	17934972	07563	CH	\$26.74	\$26.74	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X1229092003	12/29/2009	15000265	06941	CH	\$39.64	\$26.44	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X1223082005	12/23/2008	12734889	06320	CH	\$26.44	\$26.44	PA	H77901715500060	DAVIS FAMILY LIVING TR	
X0125082013	01/25/2008	10937676	05793	CH	\$26.54	\$26.54	PA	H77901715500060	DAVIS FAMILY LIVING TR	
Applied Total						\$4,998.90				

STATUS DETAIL

SHERRYB
ACT8006 v1.284

04/06/2018 13:08:46
ACTEP

Summary

Expand Fees

Account Information

Account No. H779-017-1550-0060

Roll Code REAL PROPERTY

Certified Owner DAVIS DWIGHT & JACKIE (JTROS)

Parcel Address LOMA AVE

Amount Due 04/06/2018 CAD No. 156870

Amount Due as of

Year	Gross Value	H O V D	Base Levy	Paid Levy	Write-Off	Remaining Levy	Fees	Refund	Amount Due
2017	\$1,046		\$29.97	\$29.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2016	\$1,046		\$29.59	\$29.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2015	\$1,046		\$29.39	\$29.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2014	\$1,046		\$28.58	\$28.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2013	\$1,046		\$28.21	\$28.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2012	\$1,046		\$27.39	\$27.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2011	\$1,046		\$26.91	\$26.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2010	\$1,046		\$26.74	\$26.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2009	\$1,046		\$26.44	\$26.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$609.24		\$609.24	\$609.24	\$0.00	\$0.00	\$0.00	\$0.00	\$4,389.66

Amount Due \$4,389.66

Amount Due as of

Unit Select

Rec. Type

Year

Tax Unit

Tax Unit Description

List of Tax Units

6 7 8 10 14 15 6001

Countywide

Remove Fees

Go To

Account Status

Prey Acc... Next Acc... Prev Owner Next Owner Acct History Acct Summary Notes Documents

Go To :

04/06/2018 13:09:44
АСТЕР

Deposit

Remittance Detail		Tax	Rec	Applied			Penalty &	Attorney	
Account No.	Unit	Year	Type	Amount	Levy	Discount	Interest	Fees	Refund
H77901715500060	06	2016	TL	\$4.74	\$4.74	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	07	2016	TL	\$1.41	\$1.41	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	08	2016	TL	\$2.45	\$2.45	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	10	2016	TL	\$14.71	\$14.71	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	14	2016	TL	\$5.26	\$5.26	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	15	2016	TL	\$1.02	\$1.02	\$0.00	\$0.00	\$0.00	\$0.00
H77901715500060	8001	2016	TL	\$4,389.66	\$0.00	\$0.00	\$0.00	\$0.00	\$4,389.66
Applied Total				\$4,419.25	\$29.59	\$0.00	\$0.00	\$0.00	\$4,389.66

OP
+2500

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (915) 212-0106, Fax (915) 212-0108

TAX OFFICE
RECEIVED
APR 23 2018

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: RICARDO PORRAS	Phone: HOME WORK	Property ID# (One application per account) 33964 (2018 escrow)
Address (mail refund to): 8800 GALENA DR EL PASO TX 79904	Property Address: 8800 GALENA DR and/or Legal Description:	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2018	December 28, 2017		\$ 4,000.00	\$ 4,000.00
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)				

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: Prepaid to lower mortgage payment in FY18, but mortgage escrow said it will not adjust our monthly mortgage payment. therefore at end of year 2018 property tax will be paid twice. So, we prefer to get refund of our \$4,000 prepayment.

"I certify that information given to obtain this refund is true and correct."

Requestor signature: [Signature] Date: 4-20-18
Printed name: Ricardo Porras Title: Homeowner

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec. 31.11 (c)).

TAX OFFICE Entry:	☒ REFUND APPROVED
Tax Office Approval:	<u>[Signature]</u> Date: <u>04/23/18</u>
	<u>[Signature]</u> <u>4-23-18</u> Date:

(Placed on City Council Agenda over \$2,500)

() DISAPPROVED () Returned to sender. () See below/attached.

() Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.

() Record of overpayment not found on this property.

() Property not found as identified, resubmit after correction.

() Other: _____

Deposit Status

SHERRYB
ACT80122 v1.89

ACCOUNT NO (P32499903503700): ESCROW AGREEMENT #09565. BEGIN DATE: 12/27/2017, END DATE: 09/27/2018, MONTHLY PAYMENT AMOUNT: \$401.05, YEARS: NO OF ACCTS: 1

04/23/2018 10:25:20
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
A12281781		P32499903503700									
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
A12281781		12/28/2017	36537665		CA	\$4,000.00	\$4,000.00	PA	P32499903503700	PORRAS RICARDO	
R030418898		12/28/2017	36537665		CA	50.00	\$4,000.00	TR	P32499903503700	PORRAS RICARDO	
R030418898		12/28/2017	36537665		CA	50.00	\$4,000.00	TR	P32499903503700	PORRAS RICARDO	
M17RE1800001		12/18/2017	36356004	171215192214	EF	232,589,225.62	\$4,010.48	PA	P32499903503700	800000-CORELOGIC	
M16800000001		12/21/2016	33448420	161219150695	EF	213,062,589.29	\$3,818.81	PA	P32499903503700	800000-CORELOGIC	
A12081573		12/08/2015	30165307	36432	CH	\$3,753.68	\$3,753.68	PA	P32499903503700	23389319-BNT OF TEXAS	
M14800000001		12/24/2014	27452431	141224101136	EF	200,035,548.32	\$3,833.04	PA	P32499903503700	800000-CORELOGIC	
M13800000001		12/30/2013	24637732	62075007	CH	133,990,884.95	\$3,759.08	PA	P32499903503700	800000-CORELOGIC	
M12150020001		12/10/2012	21735606	3390228	CH	\$44,510,440.74	\$3,647.29	PA	P32499903503700	1500-BAC TAX SERVICE	
M11150010001		12/12/2011	19314300	7644432	CH	\$49,615,094.50	\$3,669.51	PA	P32499903503700	1500-BAC TAX SERVICE	
M15001		12/16/2010	17073648	3462605	CH	\$214,355.73	\$3,637.87	PA	P32499903503700	1500-BAC TAX SERVICE	
M0915000001		12/18/2009	14868413	104353	CH	\$46,237,061.12	\$3,598.51	PA	P32499903503700	1500-BAC TAX SERVICE	
Applied Total							\$69,043.26				

Account Status

Year	Amount Due	Base Levy	Paid Levy	Write-Off	Remaining Levy	Fees	Refund	Amount Due
2009	\$153,826	\$3,598.51	\$3,598.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2010	\$152,425	\$3,637.87	\$3,637.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2011	\$152,425	\$3,669.51	\$3,669.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2012	\$148,958	\$3,647.29	\$3,647.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2013	\$148,958	\$3,759.08	\$3,759.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2014	\$148,958	\$3,833.04	\$3,833.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2015	\$148,690	\$3,753.68	\$3,753.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2016	\$148,690	\$3,818.81	\$3,818.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2017	\$148,690	\$4,010.48	\$4,010.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2018	\$4,000.00							\$4,000.00
Totals								
\$69,043.26								

STATUS DETAIL | **Expand/Fees** | **Summary**

Account No. P32499903503700 | Certified Owner PORRAS RICARDO | Parcel Address 8800 GALENA DR | CAD No. 33964 | Amount Due 04/23/2018

Tax Unit 8082 | Tax Unit Description | Tax Unit 8001 | Tax Unit 8082

Tax Unit, Yr, Rec. Type | Multi Select

Go To :

ACCOUNT NO (P32499903503700): ESCROW AGREEMENT #39565. BEGIN DATE: 12/27/2017, END DATE: 09/27/2018, MONTHLY PAYMENT AMOUNT: \$401.05, YEARS: NO OF ACCTS: 1

04/23/2018 10:25:20
ACTEP

Remittance

DETAIL

Remittance Detail							Penalty & Interest	Attorney Fees	Refund
Account No.	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount			
P32499903503700	8001	2017	TL	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00
Applied Total:				\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00



MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

TAX OFFICE
RECEIVED

APR 23 2018

ALON USA
7102 COMMERCE WAY
BRENTWOOD, TN 37027

Geo No. 07SS-999-1042-1434	Prop ID 518976
Legal Description of the Property #53349 INNV CMP FURN MACH SIGN 7110 AIRPORT RD	
OWNER: 7- ELEVEN	

2017 OVERAGE AMOUNT \$3,184.93

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued for:			
	Name: Southwest Conv. Stores (26396571) Address: 4001 Penbrook Suite 400 City, State, Zip: Odessa, Tx 79762 Daytime Phone No.: 325.812.4774 E-Mail Address: Robbie.Panter@deltekus.com			
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	Payment made by: Check No. Date Paid Amount Paid			
	Southwest Conv 102366 1/3/2018 342,335.25			
TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	☐ I paid this account in error and I am entitled to the refund.			
	☒ I overpaid this account. Please refund the excess to the address listed in Step 1.			
	☐ I want this payment applied to next year's taxes.			
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.)			
SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
[Signature]		Robbie Panter		
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: Booth Date: 04/23/18				

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

Print Date: 01/09/2018

[illegible]

Go To :

04/23/2018 12:38:19
ACTEP

Remittance Detail

Remittance Detail				Tax	Rec	Applied		Penalty &	Attorney	
Account No.	Unit	Year	Type	Amount	Levy	Discount	Interest	Fees	Refund	
07SS99910421434	01	2017	TL	\$983.42	\$983.43	\$0.00	\$0.00	\$0.00	\$0.00	
07SS99910421434	03	2017	TL	\$1,603.48	\$1,603.48	\$0.00	\$0.00	\$0.00	\$0.00	
07SS99910421434	06	2017	TL	\$554.11	\$554.11	\$0.00	\$0.00	\$0.00	\$0.00	
07SS99910421434	07	2017	TL	\$173.37	\$173.37	\$0.00	\$0.00	\$0.00	\$0.00	
07SS99910421434	08	2017	TL	\$308.39	\$308.39	\$0.00	\$0.00	\$0.00	\$0.00	
07SS99910421434	8001	2017	TL	\$3,184.93	\$0.00	\$0.00	\$0.00	\$0.00	\$3,184.93	
Applied Total				\$6,607.71	\$3,622.78	\$0.00	\$0.00	\$0.00	\$3,184.93	

RECEIVED

APR 23 2018

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

ALON USA
7102 COMMERCE WAY
BRENTWOOD, TN 37027

Geo No.	Prop ID
0273-999-9000-0000	418826
Legal Description of the Property	
#1680 CMP FURN MACH	
2002 N PIEDRAS ST	
OWNER: 7- ELEVEN	

2017 OVERAGE AMOUNT \$23,474.02

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: <u>Southwest Conv</u> (26396577) Address: <u>4001 Penbrook Suite #400</u> City, State, Zip: <u>O. Messy TX 79362</u> Daytime Phone No.: <u>325.812.4774</u> E-Mail Address: <u>Robbie.Panter@telekus.com</u>												
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Payment made by:</th> <th style="width: 20%;">Check No.</th> <th style="width: 20%;">Date Paid</th> <th style="width: 25%;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td><u>Southwest Conv</u></td> <td><u>102365</u></td> <td><u>11/3/18</u></td> <td><u>633,009.27</u></td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL AMOUNT PAID (sum of the above amounts)</td> </tr> </tbody> </table>	Payment made by:	Check No.	Date Paid	Amount Paid	<u>Southwest Conv</u>	<u>102365</u>	<u>11/3/18</u>	<u>633,009.27</u>	TOTAL AMOUNT PAID (sum of the above amounts)			
Payment made by:	Check No.	Date Paid	Amount Paid										
<u>Southwest Conv</u>	<u>102365</u>	<u>11/3/18</u>	<u>633,009.27</u>										
TOTAL AMOUNT PAID (sum of the above amounts)													
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following: ☒ I paid this account in error and I am entitled to the refund. ☐ I overpaid this account. Please refund the excess to the address listed in Step 1. ☐ I want this payment applied to next year's taxes. ☐ This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): 												
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE OF REQUESTOR (REQUIRED) <u>[Signature]</u></td> <td style="width: 50%;">PRINTED NAME & DATE <u>Robbie Panter</u></td> </tr> </table>	SIGNATURE OF REQUESTOR (REQUIRED) <u>[Signature]</u>	PRINTED NAME & DATE <u>Robbie Panter</u>										
SIGNATURE OF REQUESTOR (REQUIRED) <u>[Signature]</u>	PRINTED NAME & DATE <u>Robbie Panter</u>												
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: <u>Booth</u> Date: <u>04/23/18</u>													

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

Print Date: 01/09/2018

Go To :

04/23/2018 12:34:48
ACTEP

DETAIL

Remittance Detail									
Account No.	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Penalty & Interest	Attorney Fees	Refund
027399990000000	01	2017	TL	\$138.45	\$138.45	\$0.00	\$0.00	\$0.00	\$0.00
027399990000000	03	2017	TL	\$225.74	\$225.74	\$0.00	\$0.00	\$0.00	\$0.00
027399990000000	06	2017	TL	\$78.01	\$78.01	\$0.00	\$0.00	\$0.00	\$0.00
027399990000000	07	2017	TL	\$24.41	\$24.41	\$0.00	\$0.00	\$0.00	\$0.00
027399990000000	08	2017	TL	\$43.41	\$43.41	\$0.00	\$0.00	\$0.00	\$0.00
027399990000000	8001	2017	TL	\$23,474.02	\$0.00	\$0.00	\$0.00	\$0.00	\$23,474.02
Applied Total				\$23,984.04	\$510.02	\$0.00	\$0.00	\$0.00	\$23,474.02

[illegible]

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108

APR 09 2018

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To: NATIONSTAR MORTGAGE LLC	Phone: 877-296-6794 HOME WORK	Property ID# (One application per account) H50199900007600
Address (mail refund to): 3001 Haackberry RD. Irving TA, 75063	Property Address: 4519 NASHVILLE AVE and/or Legal Description:	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2017	12/22/2017	50139667	3579.37	3579.37
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			3579.37	

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR
bank statement showing item cleared. (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: Taxes were paid to incorrect parcel. The correct parcel was H2019990000765
0

"I certify that information given to obtain this refund is true and correct."

Requestor signature:

Printed name:

Elaine Muroke

Date:

Title:

4/9/18

Tax Specialist

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec. 37.10 Penal Code) An application for a refund must be made within 3 years after
the date of the payment or the taxpayer waives the right to the refund. (Sec. 31.11 (c))

TAX OFFICE Entry:

☒ REFUND APPROVED

Tax Office Approval:

Date:

Date:

04/27/18

(Placed on City Council Agenda over \$2,500)

☐ DISAPPROVED☐ Returned to sender.☐ See below/attached.

- ☐ Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.
- ☐ Record of overpayment not found on this property.
- ☐ Property not found as identified, resubmit after correction.
- ☐ Other:

CITY TAX
OFFICE

APR 26 2018

APR 26 2018

CITY TAX
OFFICE

APR 2 2018

POP Received 04/26/18

SHERRYB
ACT80122 v1.89

04/27/2018 12:44:33
ACTEP

DepositREMITTANCEDetail

Summary QuerySummary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A12261783	H50199900007600				

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
A12261783	12/26/2017	36457900	50139667	CH	\$3,579.37	\$3,579.37	PA	H50199900007600	25593151-NATIONSTAR	
R030418898	12/26/2017	36457900	50139667	CH	\$0.00	\$3,579.37	TR	H50199900007600	25593151-NATIONSTAR	
R030418898	12/26/2017	36457900	50139667	CH	\$0.00	\$3,579.37	TR	H50199900007600	25593151-NATIONSTAR	
A11281678	11/28/2016	33087935	808845	CH	\$29.38	\$29.38	PA	H50199900007600	21538565-REGIONS MOR	
EC02011668	01/29/2016	31541822	CC001224074	EC	\$28.91	\$28.91	PA	H50199900007600	24440458-ANVIA LLC	
EC01281568	01/28/2015	28335806	CC000951602	CH	\$4.54	\$4.54	PA	H50199900007600	23638970-ANVIA LLC	
A12101473	12/10/2014	27209983	1715	CH	\$10.00	\$10.00	TC	H50199900007600	ANVIA LLC	
A02231141	01/31/2011	18228970	181193	CH	\$259.87	\$4.34	PA	H50199900007600	EL PASO WATER UTILITE	
X0201102002	01/31/2010	15813120	03000	CH	\$1,550.26	\$25.98	PA	H50199900007600	CHARTER KAMEP LP	
A02250943	02/25/2009	13813097	4091	CH	\$911.79	\$27.87	PA	H50199900007600	CHARTER KAMEP LP	
A1212.743	12/12/2007	10140543	912325	CH	\$858.59	\$26.28	PA	H50199900007600	1688658-CHICAGO TITLE	
A12190641	12/19/2006	7960062	15505	CH	\$1,800.58	\$30.18	PA	H50199900007600	HAMRAH, VICTORIA (ET	
Applied Total						\$4,025.49				

Account Information

Account No. NASHVILLE AVE
Certified Owner LIGGETT EVAN
Parcel Address 4519
Amount Due 04/27/2018 CAD No. 205722

Account Due/Paid Information

Year Gross Value H O V D
Amount Due/Paid Information

Amount Due \$1,043.00
Paid Levy \$4,013.67
Base Levy \$434.30
Write-Off \$0.00
Remaining Levy \$3,579.37
Fees \$398.73
Refund \$3,579.37
Amount Due \$3,973.10

SHERRYB
ACT8006 v1.284

04/27/2018 12:44:08
ACTEP

SummaryExpand Fees

STATUS DETAIL

Account Information

Account No. NASHVILLE AVE
Certified Owner LIGGETT EVAN
Parcel Address 4519
Amount Due 04/27/2018 CAD No. 205722

Account Due/Paid Information

Year Gross Value H O V D
Amount Due/Paid Information

Amount Due \$1,043.00
Paid Levy \$4,013.67
Base Levy \$434.30
Write-Off \$0.00
Remaining Levy \$3,579.37
Fees \$398.73
Refund \$3,579.37
Amount Due \$3,973.10

SHERRYB
ACT80122 v1.89

04/27/2018 12:44:33
ACTEP

Deposit

Remittance

DETAIL

Remittance Detail		Tax	Rec	Applied				Penalty &	Attorney	Refund
Account No.	Unit	Year	Type	Amount	Levy	Discount		Interest	Fees	
160199800007600	8001	2017	TL	\$3,579.37	\$0.00	\$0.00		\$0.00	\$0.00	\$3,579.37
Applied Total				\$3,579.37	\$0.00	\$0.00		\$0.00	\$0.00	\$3,579.37



**MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901**

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

**NATIONAL TAX SEARCH LLC
130 S. JEFFERSON ST SUITE 300
CHICAGO, IL 60661**

of \$2500 ✓

Geo No. E054-999-0530-0500	Prop ID 162038
Legal Description of the Property 53 EAST GLEN WLY PT OF 1 (9.046 AC) 11280 PEBBLE HILLS BLVD	
OWNER: EPT SAND PEBBLE APARTMENTS LP	

2017 OVERAGE AMOUNT \$44,442.62

1. CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to											
	Name: <u>National Tax Search, LLC</u> ✓ Address: <u>130 S Jefferson, Suite 300</u> City, State, Zip: <u>Chicago, IL 60661</u> Daytime Phone No.: <u>312-334-2028</u> E-Mail Address: <u>refunds@ntsearch.com</u>											
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	<table border="1"> <thead> <tr> <th>Payment made by</th> <th>Check No</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td><u>National Tax Search, LLC</u></td> <td><u>20409</u></td> <td><u>1/24/18</u></td> <td><u>\$262,122.18</u></td> </tr> </tbody> </table>				Payment made by	Check No	Date Paid	Amount Paid	<u>National Tax Search, LLC</u>	<u>20409</u>	<u>1/24/18</u>	<u>\$262,122.18</u>
	Payment made by	Check No	Date Paid	Amount Paid								
<u>National Tax Search, LLC</u>	<u>20409</u>	<u>1/24/18</u>	<u>\$262,122.18</u>									
TOTAL AMOUNT PAID (sum of the above amounts)												
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:											
	☐ I paid this account in error and I am entitled to the refund.											
	☒ I overpaid this account. Please refund the excess to the address listed in Step 1. ✓											
	☐ I want this payment applied to next year's taxes.											
Step 4. Sign the form. Unsigned applications cannot be processed.	☐ This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):											
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	SIGNATURE OF REQUESTOR (REQUIRED) <u>Nicole Demus</u>		PRINTED NAME & DATE <u>Nicole Demus 3/8/2018</u> ✓									
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: <u>Booth</u> Date: <u>03/14/18</u> ✓												

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

Refund Date: 03/01/2018

[illegible]

Go To:

v1.80

ACTEP

المجلة الدولية لدراسات حقوق الإنسان

DETAIL

[illegible]