



**Ruben P. Gonzalez**  
**County Tax Assessor-Collector**  
301 Manny Martinez, 1st Floor  
El Paso, TX 79905  
Phone (915) 771-2300 · Fax (915) 771-2301

## Request for Refund

\*\*\*\*\* Copy of Registration Receipt Must be attached in order to process a Refund \*\*\*\*\*

Date of Transaction: \_\_\_\_\_

Name of Payor: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Amount of Refund Requested: \_\_\_\_\_

Mail Refund To: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Number to Reach You: \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form and **Registration Receipt** to:

El Paso County Tax Assessor Collector  
Attn: Accounting Department  
301 Manny Martinez  
El Paso, Texas 79905

**The following are Required to obtain a Refund:**

1. Completed and signed Refund Request (This Form)
2. Copy of Original Registration Receipt Attached to Refund Request – **Mandatory**

**Refund Checks are issued to Registered Owner or Lien Holder**

**For Office Use Only:**

Check Number \_\_\_\_\_ Date of Check \_\_\_\_\_ Amount of Check \_\_\_\_\_