

**CELLULAR PHONE REQUEST FORM**  
HIDALGO COUNTY, TEXAS

(1) Type of Request:

Phone and service (NEW)  User Name Change  
 Phone and service (Porting/Existing number: 956-\_\_\_\_-\_\_\_\_)  Delete Service  
 Plan change  Other \_\_\_\_\_

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(2) Requesting employee/position: Ramira Castro  
 Employee ID #: 064823 Office: B36 Budget Acct. #: 8-100-419-40-220-001-02532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

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(4) Describe how cell phone will be used: Emergency & some calls

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(5) Anticipated usage in minutes per month (check only one):

<b>Sprint</b>	<input type="checkbox"/> Other	<input type="checkbox"/> BE 1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00		\$ _____

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(6) Will phone be used outside of the County of Hidalgo No. If yes indicate where and how frequently \_\_\_\_\_

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(7) Cell phones come with desktop charger. Additional accessories needed:  
 Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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(8) If requesting a different model or make of cell phone than is supplied under the current contract indicate justification for additional expense \_\_\_\_\_

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**Department Head / Elected Official**

 ↑ Signature ↑	<u>David Flores</u> ↑ Print Name ↑	<u>11/14/08</u> ↑ Date Signed ↑
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**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

**APPROVAL DATE :** \_\_\_\_\_



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(2) Requesting employee/position: Fernando Rodriguez  
 Employee ID #: 024961 Office: B36 Budget Acct. #: 8-1100-419-40-220-061-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

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(4) Describe how cell phone will be used: Emergencies & service calls

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(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> Sprint	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00		\$ _____

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(6) Will phone be used outside of the County of Hidalgo No. If yes indicate where and how frequently \_\_\_\_\_

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(7) Cell phones come with desktop charger. Additional accessories needed:  
 Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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(8) If requesting a different model or make of cell phone than is supplied under the current contract indicate justification for additional expense \_\_\_\_\_

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**Department Head / Elected Official**

	<u>Daniel Flores</u>	<u>11/14/08</u>
↑ Signature ↑	↑ Print Name ↑	↑ Date Signed ↑

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Ramon Gorate  
 Employee ID #: 052434 Office: B36 Budget Acct. #: 8-110-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

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(4) Describe how cell phone will be used: Emergencies & Service calls

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(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> <b>Sprint</b>	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$	\$55.00	\$55.00		\$

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(6) Will phone be used outside of the County of Hidalgo NO. If yes indicate where and how frequently \_\_\_\_\_

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(7) Cell phones come with desktop charger. Additional accessories needed:  
 Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Pablo Herrera  
 Employee ID #: 167991 Office: 336 Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

---

(4) Describe how cell phone will be used: Emergencies & service calls

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(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> Sprint	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00		\$ _____

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(6) Will phone be used outside of the County of Hidalgo No. If yes indicate where and how frequently \_\_\_\_\_

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(7) Cell phones come with desktop charger. Additional accessories needed:  
 Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Joe Echavarría  
 Employee ID #: 167037 Office: B7G Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

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(4) Describe how cell phone will be used: For personal & service call

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(5) Anticipated usage in minutes per month (check only one):

<b>Sprint</b>	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00	\$ _____	\$ _____

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(6) Will phone be used outside of the County of Hidalgo No. If yes indicate where and how frequently \_\_\_\_\_

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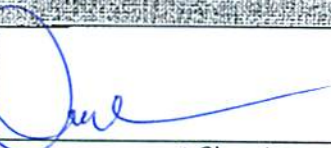
(7) Cell phones come with desktop charger. Additional accessories needed:  
 Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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**Department Head / Elected Official**

 ↑ Signature ↑	<u>Dan O'Flone</u> ↑ Print Name ↑	<u>11/14/08</u> ↑ Date Signed ↑
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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Noe Garcia  
 Employee ID #: 167045 Office: B3G Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

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(4) Describe how cell phone will be used: Emergency & service calls

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(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> <b>Sprint</b>	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00	\$ _____	\$ _____

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Javier Polaris  
 Employee ID #: 139165 Office: B36 Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

---

(4) Describe how cell phone will be used: Emergencies & service call

---

(5) Anticipated usage in minutes per month (check only one):

<b>Sprint</b>	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input checked="" type="checkbox"/> Equipment Type	<input checked="" type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00		\$ _____

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Javier Adams  
 Employee ID #: 099562 Office: BIG Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

---

(4) Describe how cell phone will be used: Emergencies & service calls

---

(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> Sprint	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$	\$55.00	\$55.00		\$

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 Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Gabriel Herrer Garez  
 Employee ID #: 158798 Office: BIG Budget Acct. #: 8-1100-419-40-220-001-0-532

---

(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other: \_\_\_\_\_

---

(4) Describe how cell phone will be used: Emergencies & service calls

---

(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> Sprint	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
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Phone and service (Porting/Existing number: 956-\_\_\_\_\_)  Delete Service

Plan change  Other \_\_\_\_\_

---

(2) Requesting employee/position: Jimmy Hernandez

Employee ID #: 165352 Office: B36 Budget Acct. #: 8-1100-419-40-220-001-0-532

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement  Emergency Response  Other \_\_\_\_\_

---

(4) Describe how cell phone will be used: Emergencies & Service calls

---

(5) Anticipated usage in minutes per month (check only one):

<input checked="" type="checkbox"/> Sprint	<input type="checkbox"/> Other	<input type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00		\$ _____

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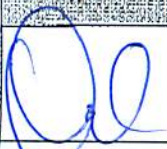
Car charger \_\_\_\_\_ Carrying case \_\_\_\_\_ Extra battery \_\_\_\_\_ Other: \_\_\_\_\_

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