

## CELLULAR PHONE REQUEST FORM HIDALGO COUNTY, TEXAS

(1) Type of Request:

Phone and service (NEW)
  User Name Change  
 Phone and service (Porting/Existing number: 956-393-1831)
  Delete Service  
 Plan change
  Other \_\_\_\_\_

---

(2) Requesting employee/position: Marcelo Garza / Asst. Field Oper. Director

Employee ID #: 103349 Office: Pct. 3 Budget Acct. #: 8-1203-431-00-123-005-0-664

---

(3) Type of duties:

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

---

(4) Describe how cell phone will be used: \_\_\_\_\_

---

(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	<u>ICS02</u>	\$

---

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

---

(7) Cell phones come with desktop charger. Additional accessories needed:


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

---

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

---

**Department Head / Elected Official**

	<u>Domingo Villarreal Sr.</u>	<u>12-11-08</u>
↑ Signature ↑	↑ Print Name ↑	↑ Date Signed ↑

**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

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



COUNTY COMMISSIONER PRECINCT 3  
County of Hidalgo

Joe M. Flores  
County Commissioner Pct. No. 3

TO : Renan Ramirez, Chief Information Officer  
I.T. Department

FROM: Joe M. Flores, Commissioner  
Hidalgo County Precinct #3

DATE : December 12, 2008

RE : Replacement of lost phone

Yesterday December 11, 2008 around 10:30 in the morning my Assistant Field Operations Director Marcelo Garza lost his county mobile phone. He was working in the area of 9 ½ and Abram Rd. when he lost the phone. I am requesting a replacement phone for Mr. Garza. If you need further information feel free to call my office at (956) 205-7000 Thank you.

08-211-Sub 5

# HIDALGO COUNTY CONSTABLE PCT. 3 OFFENSE / INCIDENT REPORT

OFFENSE	OFFENSE: <u>Lost Cell Phone</u>				CODE	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR
	OFFENSE:				CODE	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR
	DATE OFFENSE REPORTED <u>12-11-08</u>	TIME OFFENSE REPORTED <u>3:13</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DAY (S) OF OCCURRENCE S M T W <u>(T)</u> F S		FBI CODE	UCR CODE
	LOCATION OF OFFENSE (STREET ADDRESS) <u>8 1/2 N. Abram Rd.</u>				SECTOR AREA <u>Sec. 5</u>	
	<input checked="" type="checkbox"/> PRELIMINARY <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> ARREST <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC STOP <input type="checkbox"/> IMPOUND <input type="checkbox"/> RECOVERED STOLEN  <input type="checkbox"/> WARRANT SERVED <input type="checkbox"/> ILLEGAL DUMPING <input type="checkbox"/> ASSIST AGENCY <input type="checkbox"/> OTHER					
VICTIM WITNESSES	VICTIM / WITNESS NAME <u>Lozza, Marcello</u>		D.L. <u>05752274</u>	ADDRESS <u>169 S. Montgomery Mission TX 78572</u>		RES. PHONE <u>585-4509</u>
	DATE OF BIRTH <u>6-12-55</u>	SEX <u>M</u>	RACE <u>W</u>	EMPLOYER / SCHOOL <u>Hidalgo Co- Pct 3</u>	BUS. / SCHOOL ADDRESS <u>724 N. Arroyo Mission TX</u>	BUS. PHONE
	VICTIM / WITNESS NAME		D.L. SSN	ADDRESS		RES. PHONE
	DATE OF BIRTH	SEX	RACE	EMPLOYER / SCHOOL	BUS. / SCHOOL ADDRESS	BUS. PHONE
	VICTIM / WITNESS NAME		D.L. SSN	ADDRESS		RES. PHONE
	DATE OF BIRTH	SEX	RACE	EMPLOYER / SCHOOL	BUS. / SCHOOL ADDRESS	BUS. PHONE
	VICTIM / WITNESS NAME		D.L. SSN	ADDRESS		RES. PHONE
	DATE OF BIRTH	SEX	RACE	EMPLOYER / SCHOOL	BUS. / SCHOOL ADDRESS	BUS. PHONE

SUSPECT INFORMATION	SUSPECT'S NAME		D.L. SSN	ALIAS / AKA	DATE OF BIRTH	AGE	SEX	RACE
	HEIGHT	WEIGHT	HAIR	EYES	SUSPECT'S ADDRESS	HAND USE <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> UNKOWN		
	SCARS, MARKS, TATTOOS				CLOTHING	FACIAL HAIR		
	BUILD	GLASSES	SPEECH		TEETH	PHYSICAL CONDITION		
	APPEARANCE					DEMEANOR OF SUSPECT	OTHER	
	SUSPECT'S NAME		D.L. SSN	ALIAS / AKA	DATE OF BIRTH	AGE	SEX	RACE
	HEIGHT	WEIGHT	HAIR	EYES	SUSPECT'S ADDRESS	HAND USE <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> UNKOWN		
	SCARS, MARKS, TATTOOS				CLOTHING	FACIAL HAIR		
	BUILD	GLASSES	SPEECH		TEETH	PHYSICAL CONDITION		
	APPEARANCE					DEMEANOR OF SUSPECT	OTHER	
LICENSE NO.	STATE	YEAR	MAKE	MODEL	COLOR	VIN		
LICENSE NO.	STATE	YEAR	MAKE	MODEL	COLOR	VIN		

COUNTY CONSTABLE P.C. 3  
OFFENSE / INCIDENT REPORT

CASE NUMBER  
08-271-Pct. 3

OFFENSE INFORMATION NARRATIVE

On 12-11-08 I Deputy A. Patina II was called to Hidalgo Co. Pct. 3 office located at 730 N. Broadway Mission TX 78572. In reference to a lost cell phone.

I arrived on location and made contact with reporting party Manuelo Lanza as per Texas Driver license # 05753274.

Mr. Lanza said that he was doing road work at 4 1/2 N. Abram Ave.

Mr. Lanza said that when he was looking for his cell phone he could not locate it.

Mr. Lanza said that he looked inside the cab of the country truck and the area around the truck.

Mr. Lanza said that he could not find the phone.

Mr. Lanza said that he wanted a Report. Akub

Mr. Lanza did not have the serial number for the phone.

--- Disposition ---

Case number 08-271-Pct. 3 was issued.

Mr. Lanza given card with case number.

Cleared at 3:41 pm

TIME RECEIVED 3:13 pm	TIME DISPATCHED 3:14 pm	TIME 10-23 3:23 pm	TIME 10-08 3:41 pm
REPORTING OFFICER A. Patina II	BADGE 314	PCT 3	APPROVED BY A. J. V. [Signature]
			BADGE 303
			PCT 3