

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

Req# 147725

(1) Type of Request:

Phone and service (NEW)
  User Name Change  
 Phone and service (Porting/Existing number: 956-827-9850)
  Delete Service  
 Plan change
  Other Replace lost phone


(2) Requesting employee/position: Jose Gonzales  
 Employee ID #: 095923 Office: Health Budget Acct. #: 9-1100-441-00-340-0010-664

(3) Type of duties:

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

(4) Describe how cell phone will be used: OSSF - Inspector  
office duties

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

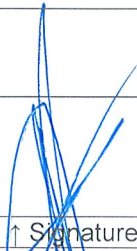
Sprint 	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> BE1000	<input type="checkbox"/> Data Plan	<input checked="" type="checkbox"/> Equipment Type	<input type="checkbox"/> Equipment Cost
Plan Cost	\$ _____	\$55.00	\$55.00	10502	\$69.99

(6) Will phone be used outside of the County of Hidalgo Y/S. If yes indicate where and how frequently  
when attending meetings

(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>Eduardo Olivarez</u>	<u>2/5/09</u>
↑ Signature ↑	↑ Print Name ↑	↑ Date Signed ↑

**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

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

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

Req# 147725

(1) Type of Request:

Phone and service (NEW)  User Name Change  
 Phone and service (Porting/Existing number: 956-219-5069)  Delete Service  
 Plan change  Other Replace Lost Phone

---

(2) Requesting employee/position: Mario Sanchez  
 Employee ID #: 127272 Office: Health Budget Acct. #: 9-1100-441-00-340-001-0-664

---

(3) Type of duties:

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

---

(4) Describe how cell phone will be used: OSSE inspector offsite duties

---

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

<b>Sprint</b>	<input type="checkbox"/> Other	<input checked="" 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	<u>1502</u>	\$ <u>109.99</u>

---

(6) Will phone be used outside of the County of Hidalgo Yes. If yes indicate where and how frequently  
when attending meetings

---

(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>Eduardo Olivarez</u>	<u>2/5/09</u>
↑ Signature ↑	↑ Print Name ↑	↑ Date Signed ↑

**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

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

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

Req# 147725

(1) Type of Request:

Phone and service (NEW)  User Name Change

Phone and service (Porting/Existing number: 956-219-5077)  Delete Service

Plan change  Other Replace lost phone

(2) Requesting employee/position: Felipe Diaz


Employee ID #: 115312 Office: Health & Human Budget Acct. #: 9-1100-441-00-340-0010-664

(3) Type of duties:

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

(4) Describe how cell phone will be used: Animal warden on call 24/7

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

	<input type="checkbox"/> Other	<input checked="" 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	<u>10502</u>	\$ <u>109.99</u>


(6) Will phone be used outside of the County of Hidalgo YES If yes indicate where and how frequently when attending meetings

(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>Eduardo Olivarez</u>	<u>2/5/09</u>
↑ Signature ↑	↑ Print Name ↑	↑ Date Signed ↑

**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

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

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

Reg # 147725

(1) Type of Request:

Phone and service (NEW)
  User Name Change  
 Phone and service (Porting/Existing number: 956-~~827~~-9927)
  Delete Service  
 Plan change
  Other Replace Lost phone

(2) Requesting employee/position: Ronnie Ramirez


Employee ID #: 058998 Office: Health Budget Acct. #: 9-1100-441-00-340-001-0664

(3) Type of duties:

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

(4) Describe how cell phone will be used: Animal warden on call 24/7

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

	<input type="checkbox"/> Other	<input checked="" 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	<u>10502</u>	<u>\$69.99</u>


(6) Will phone be used outside of the County of Hidalgo \_\_\_\_\_. 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>Eduardo Olivarez</u>	<u>2/5/09</u>
	↑ Signature ↑	↑ Print Name ↑

**APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT**

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