



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

956-292-6978

COUNTY OWNED / ASSIGNED CELL PHONE

(2) Requesting employee: Mario Villarreal Employee ID# \_\_\_\_\_

Signature: [Signature]

DEPARTMENT: JHBC

DEPT # \_\_\_\_\_

Quantity: 1

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -519/604

Regulation Total: \_\_\_\_\_ Regulation Number: \_\_\_\_\_

(3) Elected Official/Department Head Authorization for Request:

[Signature] JOE E. CAJAZOS 02-04-2010  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 2/12/10  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- ROCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-
- SPRINT BY 1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

- Approved Date: \_\_\_\_\_
- Disapproved

I understand that the value of the use of the wireless device(s) will be included in the wages of the employee that is assigned a county phone and the employee will be liable for the taxes incurred by the cost of this device(s).