



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

0150-1048-8733

COUNTY OWNED / ASSIGNED CELL PHONE:

(2) Requesting employee: George Guerra Employee ID# 84069 Signature: 

DEPARTMENT: Hidalgo Co. Dist. #8 DEPT # 124

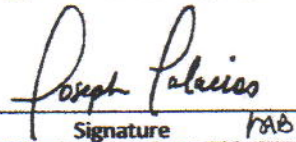
Quantity: 1

Service: \$ 0.00 /mo (x) 0 months = 0.00 Account: 532

Service: \$ 0.00 /mo (x) 0 months = 0.00 Account: 619/504

Regulation Total: 00.00 Regulation Number: \_\_\_\_\_

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

  
Signature RAB

Joseph Palacios  
Print Name

01/12/11  
Date

(4) Executive Office Authorization:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- State of Texas Local Digital Choice Share 500 Anytime
- ~~POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-~~
- ~~SPRINT BE1000 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).