

# WIRELESS DEVICE REQUEST FORM W.1.3

**(1) Type of Request:**

County Owned Department Assigned Cellular Service  
 Equipment Replacement  
 Delete Service

0150-1048-8133

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**COUNTY OWNED / ASSIGNED CELL PHONE :**

**(2) Requesting employee:** Juan Roberto Garcia Employee ID# 176265 Signature: \_\_\_\_\_

DEPARTMENT: Hidalgo Co. Pct. #4 DEPT #: 124

Quantity: 1

Service: \$ 39.99 /mo (x) 12 months = \$479.88 Account: 1-1270-431-00-124-005-0-532

Service: \$ 0.00 /mo (x) 0 months = 0.00 Account: \_\_\_\_\_ #19/004

Resolution Total: \$479.88 Resolution Number: 187410

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

Joseph Palacios Signature FAB Joseph Palacios Print Name 01/12/11 Date

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**(4) Executive Office Authorization:**

\_\_\_\_\_  
 Signature Print Name Date

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**(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).*