

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	<b>Wireless Data Device:</b> <input checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	<b>Stipend:</b> <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

**COUNTY OWNED WIRELESS DEVICE**

Office Use / Employee: Office Use Employee ID# N/A Signature:

Department: Emergency Mgmt. Dept#: 110

Quantity: 2

Service: \$66.00/mo (x) 10 months = 660.00 Account: 1100-29-110-290-0000-505320

Service: \$\_\_\_\_/mo (x) \_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -619/664

Requisition Total: \$792.00 P.O. Number: 21200059

**STIPEND**

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

Quantity: \_\_\_\_\_

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

Total: \_\_\_\_\_

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

Ricardo Salazar 2/16/24

Signature                      Print Name                      Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):

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

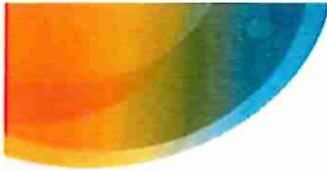
(4) IT DEPARTMENT ONLY:

Service Type Codes: FirstNet Mobile w/ Aircards/Mifi 5G LTE @ \$30.00 each  
FirstNet Public Static w/ MT Shared APN @ \$30.00/ea per month

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

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

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/irsig/article/0,,id=167154,00.html>, EXAMPLE 2.



Proposal for  
**AT&T Mobility - Best & Final**  
 Presented to  
**HIDALGO COUNTY EMA**

Pricing-At-A-Glance		Service Address
FAN	60953566	TBD
BAN	287314150254	
Contract Length (Months)		
Equipment Cost:	\$0.00	
Quote Valid for 30 days from:	02/06/26	

DIR-TELE-CTSA-002-Monthly Recurring Charges	Quantity	Unit Price	Totals
FirstNet Mobile Unl Aircards/MIFI 5G LTE - Existing Lines	2	\$30.00	\$60.00
FirstNet Public Static with MT Shared APN	2	\$3.00	\$6.00
<b>DIR-TELE-CTSA-002-One Time Charges</b>			
	Quantity	Unit Price	Totals
<b>TOTAL NUMBER OF DEVICES</b>			
Estimated Total Monthly Recurring Charges			\$66.00
Estimated Total Monthly Recurring Charges for 12 months of service			\$792.00

The above prices are based on current rates and do not include any applicable local, state or federal taxes or surcharges. The rates above are subject to change without notice. This quote is subject to availability of equipment and is valid 30 days from:

02/06/26