



## Legislation Text

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**File #:** 21-4911, **Version:** 1

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**Department:** Sheriff

**Department Head/Elected Official:** Ed Gonzalez, Sheriff

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):** NA

**Vendor/Entity Legal Name (if applicable):** Scott Hunt

**MWDBE Participation (if applicable):** NA

**Request Summary (Agenda Caption):**

Request for approval to reimburse a certain citizen for his cell phone that was lost during an Emergency Detention Order search.

**Background and Discussion:** Deputy was executing an Emergency Detention Order and left Mr. Hunt's cell phone on top of patrol car resulting in the loss of Samsung Galaxy 4 cell phone worth approximately \$150.00

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- ☐ Justice and Safety  
☐ Economic Opportunity  
☐ Housing  
☐ Public Health

- ☐ Transportation  
☐ Flooding  
☐ Environment  
☒ Governance and Customer Service

**Prior Court Action (if any):****Location:**

Address (if applicable list below):

- ☐ Countywide  
☐ Precinct 1  
☐ Precinct 2  
  
☐ Precinct 3  
☐ Precinct 4

**Fiscal and Personnel Summary**

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures	-	-	-	-
Non-Labor Expenditures	-	-	-	-
<b>Total Incremental Expenditures</b>	-	-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	General Fund-	\$150-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		\$150-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested	-	-	-	-
<b>Total Funding Sources</b>		<b>\$150-</b>	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Requested	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Implementation Date:**

**Emergency/Disaster Recovery Note:**

☒ Not an emergency, disaster recovery, or COVID-19 related item

☐ Emergency Item

☐ COVID-19 related Item

☐ Disaster Recovery related Item

**Contact(s) name, title, department:**

**Laura Wilson, Analyst, Sheriff's Office**

**Attachments (if applicable):**