



LEADS MESSAGE SERVICE AGREEMENT

This agreement is required to be executed when a Criminal Justice LEADS terminal agency provides service for a Criminal Justice non-LEADS terminal agency. Please complete Part I and II, and mail to:

Incomplete information may delay the processing of this form.

**Illinois State Police
LEADS Administrator
801 South Seventh Street, Suite 600-M
Springfield, Illinois 62703
FAX: 217/524-2498**

Please indicate agreement type (check all that apply)

- New Agreement
- Chief Administrator Name Change
- Terminal agency provider Station or ORI change
- Other (please indicate reason) _____

PART I - AGENCY REQUESTING LEADS SERVICE

As the chief administrator of the below named criminal justice agency, I hereby request all messages addressed to my agency and received via LEADS/NLETS be delivered to the agency named in Part II.

Agency Name _____ Date _____

Agency Address _____ City _____ State _____ Zip _____

*Authorized Chief Administrator Signature _____ Type/Print Chief Administrator Name _____ Title _____

(_____) _____ (_____) _____ (_____) _____

Administrative Telephone # _____ Alternate Telephone # _____ Fax # _____
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

(Indicate if operation of the above numbers are 24/7 by checking "yes" or "no")

Primary ORI of Requestor: _____ Illinois State Police Troop Location: _____

If not sure, obtain via <https://isp.illinois.gov/Patrol/TroopMap>

Is ORI authorized access to Criminal History Record Information? Yes ___ No ___

***TYPE OF SERVICE PROVIDED: INQUIRY MESSAGING CHF ENTRY

PART II - LEADS TERMINAL AGENCY PROVIDING SERVICE

As the chief administrator of the below named criminal justice agency, I hereby agree to promptly deliver to the agency named in Part I all messages received via LEADS/NLETS addressed to that agency, LEADS Daily Bulletins and LEADS user requests (new, modified, transfers). I further agree, upon termination of this agreement by either party, I will immediately notify the LEADS Administrator.

Agency Name _____ Station _____ Date _____

Agency Address _____ City _____ State _____ Zip _____

*Authorized Chief Administrator Signature _____ Type/Print Chief Administrator Name _____ Title _____

(_____) _____ (_____) _____ (_____) _____
Administrative Telephone # _____ Alternate Telephone # _____ Fax # _____

Primary ORI of Provider _____ Illinois State Police Troop Location _____

If not sure, obtain via <https://isp.illinois.gov/Patrol/TroopMap>

PART III - LEADS ADMINISTRATOR ACCEPTANCE (NOTE: This section is to be completed by the Illinois State Police LEADS Administration). I hereby accept this agreement and will make the necessary LEADS programming changes implement.

LEADS Staff: _____ **Date Completed:** _____

* The Authorized Chief Administrator must be a criminal justice administrator (employed by a criminal justice agency) for signature purposes, unless this agreement is being signed by a noncriminal justice governmental agency that has an agreement with a criminal justice entity. LEADS/NCIC policy mandates a signed copy of this agreement must remain on file at each agency and available upon request by LEADS Administrator or Auditor.