

**ILLINOIS STATE POLICE**  
**Office of the Statewide 9-1-1 Administrator**



**State of Illinois**

**Application for**  
**9-1-1 Modification Plan**  
**Long Form**

# INTRODUCTION

The following document provides the application for submitting a 9-1-1 Modification Plan that will supply the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with the necessary information about your proposal to modify your 9-1-1 system. All modification plans must comply with 83 Ill. Adm. Code Part 1324.300 and 1324.310.

## **LONG FORM MODIFICATION PLAN:**

**NOTE: If the modification results in increased network costs for the State, the costs must be pre-approved by the Administrator pursuant to Section 1326.210 before submitting the Modification Plan.**

The following 9-1-1 system changes require Administrator approval:

1. Changing geographic boundaries for wireline, wireless, VoIP, and text where it requires an intergovernmental agreement between 9-1-1 Authorities to modify those boundaries
2. Changes in network configuration, or 9-1-1 system provider except as provided for in subsection 1325.200(h), (i.e., implementation of a Next Generation 9-1-1 (NG9-1-1) system) or Cloud-Based 9-1-1 Call Handling Equipment (Narrative Statement required)
3. Change of Backup PSAP arrangement or Pre-Determined Alternate Route(s).

The Modification Plan must include the following documents:

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| <b>General Information</b>                 | Contact and 9-1-1 System information.  |
| <b>Verification</b>                        | Notarized statement of truth regarding information provided in the plan.   |
| <b>Letter of Intent</b>                    | Letter sent to 9-1-1 System Provider with a copy of the plan.  |
| <b>Narrative Statement</b>                 | A detailed summary of the changes to the proposed system's operation.  |
| <b>Financial Information</b>               | A summary of anticipated implementation costs and annual operating costs of the modified 9-1-1 system that are directly associated with 9-1-1 as well as the anticipated revenues. Include the email request and Administrator's approval that support your network costs. |
| <b>Communities Served</b>                  | A list of all communities that are served by the 9-1-1 System.   |
| <b>Participating Agencies</b>              | A list of public safety agencies (Police, Fire, EMS, etc.) who are directly dispatched by the 9-1-1 System.  |
| <b>Adjacent 9-1-1 Authorities</b>          | List all adjacent 9-1-1 authorities that provide call handling and/or aid outside of your jurisdictional boundary.   |
| <b>Originating Service Providers (OSP)</b> | A list of each OSP's exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.  |
| <b>Test Plan</b>                           | The 9-1-1 System's overall plan detailing how and to what extent the network and database will be tested. A Test Plan is required for all modifications.   |
| <b>Zip Codes</b>                           | List each Zip Code within the 9-1-1 System boundary.   |

**Attachments (if applicable)**

**Backup PSAP Agreement**

The agreement that establishes back-up service due to interruptions or overflow services between PSAPs.

Backup PSAP Agreement is not Changed/Affected by this Modification.

**Call Handling Agreements**

Call handling agreements describe the primary and secondary dispatch agreement method(s) to be used by requesting parties within their respective jurisdictions.

Call Handling Agreement(s) are not Changed/Affected by this Modification.

**Contracts**

The contract for a new NG9-1-1 system provider.

**Network Diagram**

Provided by the 9-1-1 system provider showing network, backup configuration and pre-determined alternate route(s).

**Modification Plans must be filed electronically on the ISP's website at:**

<https://isp.illinois.gov/Statewide911Division/ConsolidationPlansAndWaivers> where you will see the box below:



Once the plan is submitted, the ISP and the ICC each have 20 days to provide a technical review of the plan to submit to the Administrator for approval.

# GENERAL INFORMATION

DATE: \_\_\_\_\_

| SYSTEM NAME | POPULATION SERVED | LAND AREA IN SQ. MILES |
|-------------|-------------------|------------------------|
|             |                   |                        |

| LIST PSAPS, SAPS, AND VAPS: | PRIMARY | SECONDARY |
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911 System Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cellular Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please check:**

- Receive Integrated 9-1-1 Text (SMS)
- Receive Integrated 9-1-1 Text (RTT)
- Receive 9-1-1 Videos/Pictures (MMS)

Text Control Center: \_\_\_\_\_

# VERIFICATION

I, Bryan E. Rouson, first being duly sworn upon oath, depose and say that I am Director of Operations of CalComm Regional 911; that I have read the foregoing plan by me subscribed and know the contents thereof; that said contents are true in substance and in fact, except as to those matters stated upon information and belief, and as to those, I believe same to be true.



Bryan E. Rouson

Director of Operations/911 Administrator

Subscribed and sworn to before me

this 29th day of October, 20 25.

Omara Fonseca  
NOTARY PUBLIC, ILLINOIS



**9-1-1 SYSTEM PROVIDER  
LETTER OF INTENT**

12/01/2025

(Date)

Lisa Wirtanen

(9-1-1 System Provider Company Representative)

AT&T

(9-1-1 System Provider Company Name)

4918 West 95th Street

(Street Address)

Oak Lawn, IL 60453

(City, State, Zip Code)

Dear Ms. Wirtanen:

This letter is to confirm our intent to modify our 9-1-1 System. Enclosed is your copy of our Modification Plan to be filed with the Illinois State Police for approval.

Thank you for your assistance in this matter.

Sincerely,



Bryan E. Rouson

911 Administrator

enclosure: Modification Plan

# NARRATIVE STATEMENT

Please answer the questions below and provide a detailed summary to assist the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with an understanding of the plan and the nature of the modification as it applies to this application. Please use additional sheets if necessary.

1. Explain the reason for submitting the modification and provide the name and contact information for your certified 9-1-1 system provider, NGCS provider, and NOC/SOC provider.

2. Explain the national standards, protocols and/or operating measures that will be followed.

3. Explain what measures have been taken to create a robust, dependable, and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the equipment.

4. Explain what security measures will be placed on the PSAP's IP 9-1-1 network and equipment to safeguard it from malicious attacks or threats to the system operation and what level of confidentiality will be placed on the system in order to keep unauthorized individuals from accessing it.

5. Identify the backup PSAP. (Name and Address)

6. Indicate the PSAP Name(s) and Address(es) for your predetermined alternate route(s) or specify if none.

7. Explain how split exchanges will be managed.

8. Explain how the GIS database will be maintained and how boundary, address point, and street center line errors will be corrected and updated on a continuing basis.

9. Indicate who will be responsible for updating and maintaining the data. Updates are required whenever there is a change to the Road Centerline layer that includes a new or changed road name(s) or a database change, or annexation that modifies the Law, Fire, or EMS Boundary Layer, and whenever an updated version of the workflow tool is released.

# FINANCIAL INFORMATION

Annual Recurring 9-1-1 Network Costs  
Prior to Modification \$ \_\_\_\_\_

Projected Annual  
Recurring 9-1-1 Network Costs After  
Modification \$ \_\_\_\_\_

Installation Cost of the Project \$ \_\_\_\_\_

Additional Recurring Costs as a Result  
of the Modification – Provide Explanation Below \$ \_\_\_\_\_

A summary of anticipated implementation costs and annual operating costs of the modified 9-1-1 system that are directly associated with 9-1-1 as well as the anticipated revenues. Include the email request and Administrator's approval that support your network costs.



# PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS etc.) that are directly dispatched by the 9-1-1 System. Do not forget to include County Sheriff's jurisdiction and Illinois State Police Troops, if applicable. Each agency that appears on this list needs to have signed a call handling agreement.

*(ADD ADDITIONAL PAGES AS NEEDED)*

| 9-1-1 PARTICIPATING AGENCY | STREET ADDRESS, CITY, ZIP CODE | ADMINISTRATIVE TELEPHONE NO. | DIRECT DISPATCH | TRANSFER |
|----------------------------|--------------------------------|------------------------------|-----------------|----------|
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# ADJACENT 9-1-1 AUTHORITIES

Provide a list of 9-1-1 Authorities that are adjacent to the proposed system's boundaries. Each 9-1-1 Authority that appears on this list needs to have signed a call handling agreement.

| AGENCY | STREET ADDRESS, CITY, ZIP CODE | TELEPHONE NUMBER |
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# TEST PLAN

1. The Test Plan defines testing with all OSPs and Aggregators who are known, including but not limited to, call testing, system overflow, system backup, pre-determined alternate routing, call transfers, NG9-1-1 address components and functionality, Integrated Text to 9-1-1 for Short Message Service (SMS) or Real Time Text (RTT) and if applicable, Multimedia Messaging Service (MMS), measurement tools, reporting solutions and voice and speech quality. The Test Plan should include Failover Test Cases, Network Equipment Test Cases, Call Handling Equipment Test Cases, Call Processing Test Cases including Text and Split Exchange Testing.

2. List wireline exchanges to be tested.

3. List the Wireless, Text, and VoIP Carriers to be tested.

## ZIP CODES

Provide a list of Zip Codes for the communities within the boundary of your 9-1-1 System along with those being added. The Statewide 9-1-1 Bureau will determine the 9-1-1 Authority's zip code percentage using the NG9-1-1 GIS Address Point data within each Zip Code Boundary.

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## Declaration of Consent

**WHEREAS**, the Village of Calumet (“Village”) is an Illinois Municipal Corporation organized and operating under the Illinois Municipal Code, 65 ILCS5/1, *et seq*; and

**WHEREAS**, the City of Markham (“City”) is an Illinois Municipal Corporation organized and operating under the Illinois Municipal Code, 65 ILCS5/1, *et seq*; and

**WHEREAS**, the City and the Village have enjoyed a relationship under an intergovernmental agreement (“Agreement”), in which 911 emergency dispatching and telecommunication services are provided by the Village’s CalComm Regional 911 ETSB, and

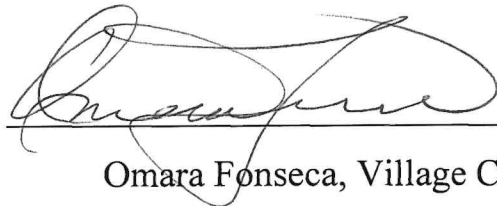
**WHEREAS**, the City has given notice to terminate the agreement under the terms specified with the CalComm Regional 911 ETSB intergovernmental agreement.

**NOW THEREFORE, BE IT ORDAINED** by the Mayor and Board of Trustees of the Village of Calumet Park, do hereby consent to the severance of emergency dispatching services and opting out of CalComm ETSB by the City, upon final payment of all outstanding bills for services and licensing so agreed upon and specified within, and in full effect, under the intergovernmental agreement.

Passed and adopted on this 12<sup>th</sup> day of February 2026.



Mayor Ronald Denson



Omara Fonseca, Village Clerk