



Request to Speak at Waiver Hearing

Illinois State Police – Division of Statewide 9-1-1

Contact Information

- Full Name: _____
- Title/Position: _____
- Organization (if applicable): _____
- Email Address: _____
- Phone Number: _____

Hearing Details

- Hearing Date (if known): _____
- Subject of Waiver Request (if known): _____

Speaking Role

Please check the option that best describes your role:

I am the applicant requesting the waiver

I represent an organization impacted by the waiver

I am a member of the public with relevant input

Other (please specify): _____

Length of time for presentment of issue

Twenty minutes or less

40 minutes or less

Statement of Interest

Please briefly describe the issues and key points you intend to address:

Accommodations (Optional)

If you require any accommodations to participate in the hearing, please describe:

Submission Instructions

Please submit this completed form **10 days** before the scheduled Hearing to:

- **Email:** ISP.911Tech@illinois.gov
- **Mailing Address:** 801 S. 7th Street, Springfield, IL 62703

Disclaimer

Submission requests do not guarantee an opportunity to speak. Requests will not be considered if received less than two days before the hearing. Every attempt will be made to accommodate the request within the time limitations allowed.

Confirmation and attendance details will be provided prior to the hearing.