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



State of Illinois

Consolidation Waiver Request

911 GENERAL INFORMATION

DATE:							
Type of Wa	aiver: [Public Safety	Economically	Unreasonable	Technically Inf	easible	
Time frame	e to become	compliant for consolidat	tion:				
Current Sy	vstem Name	:					
9-1-1 Syst	em Provider						
Population	Served:						
Land Area	in Sq Miles	:					
PSAPs Lo	ocated with	in Existing System:			Primary	Secondary	
911 Svster	m Coordina	ator:					
		ode:					
Office Tele	phone:						
Cellular Te	elephone: _						
Email:							
		overage for Consolida Phase II compliant	ted System:	Please check if ap NG9-1-1	-		
	% F	Phase I compliant		Receive 9-1-1 Text			
				Receive 9-1-1 Video			

VERIFICATION

I,_____, first being duly sworn upon oath, depose and say that I am

_____; 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.

Subscribed and sworn to before me

this _____, 20 _____,

NOTARY PUBLIC, ILLINOIS

WAIVER REQUEST

Pursuant to (50 ILCS 750) Emergency Telephone System Act, Section 154a(c), a 9-1-1 authority may request a waiver from the requirement to consolidate and must fully demonstrate a need for such waiver based on one or more of the following grounds:

- 1) will result in a substantial threat to public safety;
- 2) is economically unreasonable; or
- 3) is technically infeasible.

In addition, a waiver request shall include, at a minimum, the following supporting documentation (see next page):

- 1) A detailed explanation of the efforts taken, if any, to comply with the statutory requirement for consolidation prior to requesting a waiver;
- 2) The duration of time for which a waiver is sought;
- 3) A five year strategic plan, including, but not limited to, financial projections, for implementation of a consolidation plan.
- 4) Any additional information regarding planned equipment purchases or replacements, as well as efforts to establish interoperability or shared resources.

Section 1324.200 requires the waiver to be filed electronically with the Department for review and recommendations. Within 40 calendar days of receiving a request for waiver, the Department will appoint an Administrative Law Judge (ALJ) to hold a hearing and to make a recommendation to the Advisory Board. Within 60 calendar days of receiving a request for waiver, the Advisory Board shall hold a public hearing on the request for waiver and make a recommendation to the Administrator. Notice of the hearing shall be provided to the respective entity to which the waiver request applies. Within 90 calendar days of receiving a waiver request, the Administrator shall provide a written decision.

The Statewide 9-1-1 Advisory Board and Statewide 9-1-1 Administrator acknowledge that costs to consolidate may not be present within the mandatory time frame. The waiver must include a minimum five year financial projection to demonstrate that consolidation is economically unreasonable, and a projected time frame for consolidation under the current economic or technical conditions. For example, indicate when the next major equipment replacement will take place within the system or how the 9-1-1 system will begin interoperability, sharing resources and/or consolidating. Any decision by the Administrator under this Section shall be deemed a final administrative decision and shall be subject to judicial review under the Administrative Review Law.

Request for Waiver from PSAP Consolidation or Forming a Joint ETSB Consolidation

System Name:	
System Address: _	
System Contact: _	
Contact Number:	

List and attach documentation to support the waiver request. Requestor should include any financial analysis, strategic plans, equipment replacement schedules, etc. to support this waiver request.

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Narrative: