

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



**State of Illinois**

**Consolidation**  
**Request for Waiver**

# INTRODUCTION

The following document provides the application for submitting a Request for Waiver 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 Request for Waiver. A Request for Waiver must comply with 83 Ill. Adm. Code Part 1324.

## REQUEST FOR WAIVER:

Must include one or more of the reasons below:

1. Consolidation will result in a substantial threat to public safety
2. Consolidation is economically unreasonable
3. Consolidation is technically infeasible

The Request for Waiver must include the following documents:

<b>General Information</b>	Type of Waiver, description of current 9-1-1 System, system capabilities and contact information.
<b>Verification</b>	Notarized statement of truth regarding information provided in the plan.
<b>Basis for Request for Waiver</b>	Describe in detail the reasons for requesting this waiver. Include supporting evidence that demonstrates how the requested waiver meets the criteria under the applicable section(s) of 83 Ill. Adm. Code 1324. Documentation supporting the Request for Waiver must include, but is not limited to a five-year strategic plan, data analysis, cost analysis or financial statements, engineering or technical assessments, public safety impact studies, letters of support from local jurisdictions or agencies and a map and system network diagram.
<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) that are directly dispatched by the 9-1-1 System, including the County Sheriff and ISP Troop(s) and include address, telephone number and form of dispatch.

## Request for Waiver must be filed electronically on the ISP's website at:

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



Within 60 days calendar days of receiving a waiver, the Statewide 9-1-1 Advisory Board shall hold at least one hearing on the plan and provide a recommendation to the Administrator.

# GENERAL INFORMATION

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

**TYPE OF MODIFICATION** (Check all that apply)

**Public Safety** – Consolidation would adversely affect public safety.

**Economically Unreasonable** – Consolidation would create an undue financial burden.

**Technically Infeasible** – Consolidation cannot be achieved due to technical limitations.

**Description of Current 9-1-1 System**

Provide a summary of your existing 9-1-1 system, including:

9-1-1 Authority Name	Population Served	Area in Sq. Miles
Number of PSAPs:		
Call Volume (annual):		

LIST PSAPs, SAPs, and VAPs	ADDRESS	PRIMARY	SAP

911 Authority 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, \_\_\_\_\_, first being duly sworn upon oath, depose and say that I am \_\_\_\_\_, of \_\_\_\_\_; 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 \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, ILLINOIS

## **BASIS FOR REQUEST FOR WAIVER**

Describe in detail the reasons for requesting this waiver. Include supporting evidence that demonstrates how the requested waiver meets the criteria under the applicable sections(s) of 183 Ill. Adm. Code 1324.

Documentation supporting the Request for Waiver must include but is not limited to a five-year strategic plan, data analysis, cost analysis, or financial statements, engineering or technical assessments, public safety impact studies, letters of support from local jurisdictions or agencies and a map and system network diagram.

## **SUPPORTING DOCUMENTATION**

Attach all supporting documentation, which may include:

- Cost analysis or financial statements
- Engineering or technical assessments
- Public safety impact studies
- Letters of support from local jurisdictions or agencies
- Maps or system diagrams

## COMMUNITIES SERVED

Provide a list of all communities served by the 9-1-1 System. Include the name of the community and the official mailing address including street address, city, and zip code.

*Use Additional Sheets as Necessary*

[illegible]

## PARTICIPATING AGENCIES

Provide a list of public safety agencies (Police, Fire, EMS) that are directly dispatched by the 9-1-1 System. Along with include the County Sheriff and Illinois State Police Troop(s), that may respond within your system boundary.

[illegible]

# PLAN SUBMITTAL GRID

	Consolidation Plan	Request for Waiver	Modification Long Form	Modification Short Form
<b>PLAN ELEMENTS</b>				
General Information	X	X	X	X
Verification	X	X	X	X
Letter of Intent	X		X	X
Narrative Statement	X		X	X
Basis for Request for Waiver		X		
Financial Information	X		X	X
Communities Served	X	X	X	
Participating Agencies	X	X	X	
Adjacent 9-1-1 Authorities	X		X	
OSPs and LECs	X		X	X
Test Plan	X		X	X
Zip Codes	X		X	
<b>ATTACHMENTS</b>				
Local Ordinance/Resolutions	X		X	
IGA	If Applicable		If Applicable	
Bylaws	X		If Applicable	
NG911/Call Handling Contract	If Applicable		If Applicable	
Backup PSAP Agreement	If Applicable		If Applicable	If Applicable
Call Handling Agreements	If Applicable		If Applicable	If Applicable
Network Diagram	X		X	X