

Emergency Telephone System Board
Of DuPage County
Policy and Procedures



Appendix G: Network Systems Access Request Form

TO: Emergency Telephone System Board 9-1-1 System Manager
FROM:
SUBJECT: Interface Request Form

Type of Interface (select one)

<input checked="" type="checkbox"/> Real Time Interface
The current CAD system utilizes <i>Edge Frontier (Xalt Interface)</i> , which is designed to handle these types of interfaces. <i>Edge Frontier (Xalt Interface)</i> allows the applications to receive information without impacting the security and performance of the 9-1-1 System. An <i>Edge Frontier (Xalt Interface)</i> interface would be developed and maintained by Hexagon for all non-9-1-1 interfaces at the cost of the requesting agency.
<input type="checkbox"/> Other 9-1-1 System Component
This will require development and maintenance by a vendor for all non-ETSB 9-1-1 interfaces at the cost of the requesting agency. Requestor should list the type of interface needed (real time, API etc).
<input type="checkbox"/> Asynchronous Interface
For this type of interface, a secondary archive server will be utilized to provide the data requested. This data provided is not real time.

With the submission of this form, I confirm that I reviewed and understand the DuPage ETSB Information Technology and Network Security Policy, Policy No: 911-013, [the "Policy"]. I understand that an MOU will be required and there may be fees and costs involved for any interface that is not 9-1-1 related.

Signature

11/6/25

Date:

William Gabrenya

Print Name of Agency Head

Please include a short description or attach a copy to this request for the following:

- **Technical Requirements:** (will also be reviewed by Tech Focus Group)
- **Desired Project Implementation Schedule:** (include/attach a go-live goal or schedule)
- **Vendor Service Level Agreement (SLA)** (It is important that ETSB know the hours of work)

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Agency:	Bartlett Fire District
Agency Contact:	William Gabrenya
Email:	wgabrenya@bartlettILFD.gov
Cellphone:	
IT Administrator:	Vicki
Cellphone:	
Email:	Bsmith@bartlettILFD.gov
Vendor Name:	Tablet Command
Contact:	Steven Rychetnik
Cellphone:	
Email:	Steven@tabletcommand.com
Interface:	

Internal Review

Recommendation:

Yes = Support of Request

No = Oppose Supporting the Request. (a No Recommendation will provide a brief summary of the opposition to the ETS Board submitted via the 9-1-1 System Coordinator)

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tech Focus Group Recommendation
		<input checked="" type="checkbox"/> Technical Requirements received
		<input checked="" type="checkbox"/> Project Improject Implementation Schedule received
		<input checked="" type="checkbox"/> Vendor SLA received
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9-1-1 System Manager
		<input checked="" type="checkbox"/> MOU executed
<input type="checkbox"/>	<input type="checkbox"/>	ETS Board Approved: _____ Chair's Initials: _____
		Date