

# Emergency Telephone System Board Of DuPage County Policy and Procedures



## Policy 911-013: Information Technology and Network Security 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 type="checkbox"/>	<b>Real Time Interface</b>	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"/>	<b>Other 9-1-1 System Component</b>	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"/>	<b>Asynchronous Interface</b>	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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
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:	
Agency Contact:	
Email:	
Cellphone:	
IT Administrator:	
Cellphone:	
Email:	
Vendor Name:	
Contact:	
Cellphone:	
Email:	
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

☐   ☐

### Tech Focus Group Recommendation

☐ Technical Requirements received

☐ Project Implementation Schedule received

☐ Vendor SLA received

☐   ☐

### 9-1-1 System Manager

☐ MOU executed

☐   ☐

**ETS Board Approved:** \_\_\_\_\_ **Chair's Initials:** \_\_\_\_\_  
Date