

## DuPage ETSB DEDIR System WAVE Access Application

AGENCY INFORMATION					
Type of Application:	[ <input checked="" type="checkbox"/> ] Initial      [    ] Modification				
DATE:	06/12/25				
NAME OF AGENCY:	Lombard Police Department				
POINT OF CONTACT:	Chief Joe Grage				
BUSINESS ADDRESS:	235 E. Wilson Ave, Lombard IL				
EMAIL ADDRESS:	gragej@villageoflombard.org				
MOBILE TELEPHONE:					
APPLICATION INFORMATION					
Please complete the following information				NO	YES
The APP will not be used for first line user dispatch since it has a lower priority on the system					X
The Applicant understands that the cost for the APP is the Applicant's responsibility					X
The Applicant understands that any changes must be provided according to policy.					X
The Applicant has received DEDRIS Policy 911-005.11: WAVE Use on DEDIR System and all users under this application have read and will comply with the policy.					X
APPLICATION CHECKLIST					
Note: The application cannot be approved by STARCOM21 or ETSB without the required documents listed below					
The Applicant has provided the following as part of this application:				YES	
WAVE Support Limitation and Disclaimer, executed (one per agency)*				X	
The WAVE App will be used on an employee-owned device, a copy of the Agency policy is attached				X	
<b>** Items below are for Users without a Motorola billing account only **</b>				N/A	YES
STARCOM21 Government User Agreement					X
STARCOM21 Billing Information Form					X
Approvals		ABSENT	ABSTAIN	NO	YES
Policy Advisory Committee (provide vote count)					

I am submitting this application on behalf of my organization and the users represented herein. I certify that I am authorized to act on behalf of my organization for this application and that the information provided is correct to the best of my knowledge.

I understand that my Agency must submit a Zendesk ticket within 24 hours of a device using WAVE being lost/stolen or a device using WAVE being separated to protect the security of the DEDIR System.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Agent Signature

Date: 06/12/2025