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)

☐	**Real Time Interface**
	The current CAD system utilizes *Edge Frontier (Xalt Interface),* which is designed to handle these types of interfaces. *Edge Frontier (Xalt Interface)* allows the applications to receive information without impacting the security and performance of the 9-1-1 System. An *Edge Frontier (Xalt Interface)* interface would be developed and maintained by Hexagon for all non-9-1-1 interfaces at the cost of the requesting agency.
☐	**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).
☐	**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 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)

DRAFT

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 Improject Implementation Schedule received
- [ ] Vendor SLA received

[ ] [ ] **9-1-1 System Manager**
- [ ] MOU executed

[ ] [ ] **ETS Board Approved**: _____ Chair's Initials:_____
Date

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