DuPage ETSB DEDIR System WAVE Access Application

AGENCY INFORMATION	
Type of Application:	[x] 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
**** Items below are for Users without a Motorola billing account only ****	**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 ·/ee using WAVE being separated to protect the security of the DEDIR System.

Applicant ct Signature Date: 06/12/2025