



Emergency Telephone System Board Of DuPage County Policy 911-13 Appendix G

TO: Emergency Telephone System Board 9-1-1 System Manager
FROM: MICHAEL SAMPEY, IT MANAGER, VILLAGE OF ADDISON
SUBJECT: AXON RMS Interface Request Form

Type of Interface (select one)

☐	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.	
☒	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:** No additional
- **Desired Project Implementation Schedule:** Will work with ETSB schedule
- **Vendor Service Level Agreement (SLA) :**
- **Phone Support:** 24/7
- **Live Chat:** 7am-5pm MST, Monday-Friday
- **Emergency Support:** Axon Software offers after-hours, weekend, and statutory holiday emergency support.



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Agency:	VILLAGE OF ADDISON
Agency Contact:	ROY SELVIK
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Cellphone:	847-323-3455
IT Administrator:	MICHAEL SAMPEY
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Email:	MSAMPEY@ADDISON-IL.ORG
Vendor Name:	AXON
Contact:	RYAN ROMBERG
Cellphone:	720-298-2000
Email:	rromberg@axon.com
Interface:	MICROSOFT – Self-Hosted Integration Runtime

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

[X] []

Tech Focus Group Recommendation

[X] Technical Requirements received

[] Project Implementation Schedule received

[X] Vendor SLA received

[x] []

9-1-1 System Manager

[] MOU executed

[] []

ETS Board Approved: _____ Chair's Initials: _____

Date