

**Procedure for Application
to the
Illinois Commerce Commission for 9-1-1 Service**

GENERAL INFORMATION

This mailing contains the application forms for 9-1-1 service and a copy of the 83 Illinois Administrative Code Part 725 – **Standards of Service Applicable to 9-1-1 Emergency Systems**. The Code states what is required of a 9-1-1 Public Safety Answering Point (PSAP) and each serving telephone company. Since the code is required to be on file at your PSAP, please retain this copy for that purpose.

The completed application will supply the Illinois Commerce Commission with information about your proposed 9-1-1 system. The information contained in your application may be used to support testimony at a Commission hearing in which representatives from your municipality/county and the serving telephone company(s) will make statements under oath.

If you are planning to modify an already existing system, please submit the exhibits that reflect changes in your original 9-1-1 plan previously filed with this Commission.

For county or multi-jurisdictional applications - Please identify on a separate page a list of all cities, villages, and towns, (all municipalities) in or adjacent to the county, which will be participating in the 9-1-1 system.

All documents in the application should be in the same order as listed in the Table of Contents. The cover letter to the Chief Clerk and Letter of Intent to the telephone company(s) are to be typed on your official stationery.

Don't forget to add the Illinois State Police and County Sheriff to your list of local public safety agencies in Exhibits 3 and/or 4.

Exhibits 8 and 9 should reflect operating procedures between the signing parties. To be specific, if using a radio frequency, list frequency; if using the telephone, list exact number. These exhibits must be certified annually and filed with the Commission and Attorney General, 500 South 2nd Street, Springfield, Illinois 62706.

Prior to filing your application, we recommend that you send a copy of your plan to the Commission's 9-1-1 Program Office for review to ensure that all documents are properly completed.

All exhibits in the application must have the necessary signatures, notarization, dispatch information etc. No incomplete applications will be processed. When you are ready to file your final plan you must send one copy of your application to the Commission's 9-1-1 Program Office and a copy to each telephone company that serves your proposed 9-1-1 System. In addition, mail the original and three copies of the application to the:

Chief Clerk
Illinois Commerce Commission
Post Office Box 19280
527 East Capitol Avenue
Springfield, Illinois 62794-9280

Exhibits and/or modifications of application as required by 83 Illinois Administrative Code 725 can be accomplished by filing an Amended Petition and Verification with the Chief Clerk and approval of the Illinois Commerce Commission is needed.

If you have any questions about your application process, please contact the Commission's 9-1-1 Program Office at [217] 782-4911 or [217] 524-5052.

HEARING WAIVER

Several steps must be taken if you wish to request to waive the Commission's hearing process. The waiver request shall be stated in your cover letter to the Chief Clerk and in the Petition. Suggested replacement language to be inserted as (1) in your Petition is:

1. Review the Final (or Modified) Plan based on the information submitted in the application and allow the parties involved to waive a hearing on this matter.

The second step requires you to publish a notice in the local newspaper(s) of general circulation ten (10) days prior to filing your application with the Commission. The notice shall appear in newspaper(s) whose circulation covers all municipalities within the proposed 9-1-1 System and those adjacent to the proposed system. Specifically all participants or agencies listed in Exhibits 3 and 4. A proof of Publication from the newspaper(s) should be enclosed with your application. A sample Notice is attached for your information.

The third step will be a letter to all adjacent agencies notifying them of your intention to file a plan with the Commission for a 9-1-1 Emergency Telephone System. This letter should list your address and telephone number and the Commission's address and telephone number for purposes of additional information or objections to your plan. Copies of these letters should be attached to your plan when filed with the Chief Clerk of the Illinois Commerce Commission.

The final step will be a sworn affidavit from yourself and the serving telephone company(s) that all the information contained in the application is correct. These affidavits must be signed and notarized. A sample Affidavit is attached for your information.

In order to process your application when filed, all exhibits are to be complete, including all necessary signatures. An incomplete plan will not be processed.

If the proposed 9-1-1 System is not contested, your hearing may be waived. It is the prerogative of the hearing examiner to waive the need for a hearing. Please be aware that waiving the hearing process does not necessarily shorten the length of time it will take to receive an Order of Authority to operate from the Commission.

PUBLIC NOTICE
NOTICE OF FILING

Notice is hereby given that **(Municipality/County)** is filing with the Illinois Commerce Commission an application for approval of a 9-1-1 Emergency Telephone Number System.

Said filing *(briefly outline system and how it will operate)*.

If you wish to object to the application, it is required that you do so within ten(10) days from the date of this notice by writing to the:

9-1-1 Program
Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

If no objections are filed, the application will be submitted to the Illinois Commerce commission for approval of a 9-1-1 Emergency Telephone Number System.

(Signature)

(Municipality/County)

PETITIONER AFFIDAVIT

I, _____ (*appropriate official*) being duly sworn upon oath, depose and state that I am (*title*) _____ of the City of _____ (*city of/county of*) that I have knowledge pertaining to the instruments hereafter described and that the facts set forth in the following instruments are true and correct:

- 1. Letter of intent, dated _____.
- 2. Outline to application for provision of 9-1-1 service.
- 3. Narrative.
- 4. Maps showing boundaries of the proposed system, jurisdictional boundaries of system participants, and adjoining public agencies and public safety agencies. (*Exhibits 1 & 2*)
- 5. List of system participants showing land area and estimated population. (*Exhibit 3*)
- 6. List of public agencies or public safety agencies adjacent to proposed system boundaries. (*Exhibit 4*)
- 7. List of telephone companies and their exchanges in which the proposed system will operate. (*Exhibit 5*)
- 8. Financial arrangements call handling and telecommunication services. (*Exhibit 6*)
- 9. Installation and monthly charges. (*Exhibit 7*)
- 10. The information contained on the agreements entered into between PSAP and system participants and the authenticity of the signatures on the agreements. (*Exhibits 8 & 9*)
- 11. Answer to all questions appearing on questionnaire. (*Exhibit 10*)
- 12. System will not be activated with a database error ratio greater than 1%.

Further Affiant Sayeth Not.

Affiant

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Notary Public

**SAMPLE
TELECOMMUNICATIONS CARRIER
AFFIDAVIT
This Page MUST be Retyped**

**Telecommunications Carrier
AFFIDAVIT**

I, _____ (*appropriate official*), being duly sworn upon oath, depose and state that I am _____ (*title*) for _____ (*telecommunications carrier*) that I have knowledge pertaining to the instruments hereafter described and that the facts set forth in the following instruments are true and correct:

1. Telecommunications Carrier exchange boundary maps for _____ (*telecommunications carrier*) within the _____ (*city of/county of*). (*Exhibits 1 & 2*)
2. A list of the _____ (*telecommunications carrier*) exchanges in which the proposed system will operate. (*Exhibit 5*)
3. System Costs. (*Exhibit 7*)
4. Answers provided by _____ (*telecommunications carrier*) to questions appearing on the questionnaire. (*Exhibit 10*)
5. _____ (*telecommunications carrier*) will not activate the proposed 9-1-1 system with database error ratio greater than 1%.

Further Affiant Sayeth Not

Affiant

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public

TABLE OF CONTENTS

Cover Letter	Letter to the Chief Clerk of the Commission filing your application. <i>(Sample enclosed)</i>
Petition	An Order of Authority to Operate a 9-1-1 System. <i>(Sample enclosed)</i>
Verification	Document that verifies signature on petition. <i>(Sample enclosed)</i>
Letter of Intent	Letter that is sent to the serving telephone company(s) with a copy of the application. <i>(Sample enclosed)</i>
Resolution	City(s) and/or county resolution <i>(required)</i> .
9-1-1 Plan	General Information
Communities Served List	A list of all communities that will be provided with 9-1-1
Narrative	A summary description of the proposed system's operation.
Exhibits 1&2	System Map(s): Exhibit 1 - A map showing the boundaries of the proposed system. Exhibit 2 - A map or maps showing the jurisdictional boundaries of the system participants and adjacent public agencies and public safety agencies.
Exhibit 3	System Participants List - A list of system participants.
Exhibit 4	Adjacent Agency List - A list of adjacent agencies to the proposed system.
Exhibit 5	Telephone Companies List - Telephone company(s) information.
Exhibit 6	Financial Arrangements - A written description of the financial arrangements between all agencies involved for telecommunications services.
Exhibit 7	System Costs - A detailed listing of the anticipated implementation costs and annual operating costs to maintain the system.
Exhibit 8	Call Handling Agreements - Copies of the signed agreements between the PSAP and the public safety agencies in a single system. Copies of the signed agreements between PSAP's in adjacent systems or, in the absence of a PSAP, the public safety agencies whose jurisdictional boundaries are adjacent. These agreements shall describe the primary and secondary methods to be used by requesting parties within their respective jurisdictions.
Exhibit 9	Aid Outside Normal Jurisdictional Boundaries Agreement - A copy of the signed annual agreement between the PSAP management and all public safety agencies in a single system and in different systems but whose jurisdictional boundaries are adjacent. This agreement shall provide that, once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries. A copy of the above agreement shall also be certified and filed annually with the Attorney General.
Exhibit 10	Questionnaire - A series of questions about the proposed 9-1-1 system.
Network Diagram	Diagram provided by the lead telephone company showing trunking arrangements.
Test Plan	The 911 System's overall plan detailing how and to what extent the network and data base will be tested.

SAMPLE COVER LETTER
Do Not Fill in Blanks
This Page MUST be retyped
Use Official Stationery

DATE

Donna M. Caton
Illinois Commerce Commission
Post Office Box 19280
527 East Capitol Avenue
Springfield, Illinois 62794-9280

Dear Ms. Caton:

Please find enclosed an original and three copies of an application for approval of the establishment of a 9-1-1 System for the (*City of/County of*), Illinois.

Sincerely,

SAMPLE VERIFICATION
Do Not Fill in Blanks
This Page MUST be Retyped

VERIFICATION

I, (appropriate official), first being duly sworn upon oath, depose and say that I am (title),
of (city of/county of), a/an (type) corporation; that I have read the above and foregoing
petition by me subscribed and know the contents thereof; that said contents are true in substance and in
fact, except as to those matters stated upon information and belief, and as to those, I believe same to be
true.

Subscribed and sworn to before me

this ____ day of _____, 19 ____.

NOTARY PUBLIC, ILLINOIS

SAMPLE LETTER OF INTENT
Do Not Fill in Blanks
This Page *MUST* be Retyped
Use Official Stationery
This letter and complete application should
be sent to each telephone company serving
your 9-1-1 System.

LETTER OF INTENT

(Date)

(Telephone Representative)

(Telecommunications Carrier)

(Street Address)

(City, State, Zip Code)

Dear _____:

This letter is to confirm our intent to install a Type (1,2,3 or Enhanced) 9-1-1 System. The selective routing feature for the enhanced 9-1-1 system (will/will not) be provided by the local exchange carrier(s). We assume, unless otherwise notified, that the 9-1-1 System will be installed and in operation by (date). Public phones under your jurisdiction will also be posted and operational with 9-1-1 coin free dialing.

Enclosed is your copy of our application to the Illinois Commerce Commission for approval for establishing 9-1-1 service. Thank you for your attention to this matter.

Sincerely,

(Name)
(Title)

enclosure: application

RESOLUTION
(Required)

Enclose a copy of any ordinance and/or resolutions establishing the surcharge and the emergency telephone system board.

Friendly Law Suite

Enclose a copy of the "Friendly" law suite filed for the release of non-published numbers and addresses, if one has been filed.

9-1-1 GENERAL INFORMATION

Current Date _____

Proposed Operational Date _____

Submitted by *(City or County Name)* _____

_____ Final Plan

_____ Modification of an Existing System – I.C.C. Docket Number _____

_____ Total Population Served

_____ Total Access Lines

_____ Total Land Area Covered in Square Miles

PSAP 9-1-1 System Liaison to the Commission: *(No Consultants)*

_____ Name

_____ Title

_____ Street Address

_____ City, State, Zip Code

() _____ Telephone Number

() _____ Alternate Telephone Number

NARRATIVE STATEMENT
(Prepared by Applicant)

The narrative will consist of a description of the proposed system's operation. Below is the minimum information that should be in the description:

- The exact address of the PSAP, location within building and security of the PSAP.
- Agency responsible for operation of the PSAP.
- Type of Radio/Telecommunications compatible with participating and adjacent agencies.
- How 9-1-1 calls will be dispatched to participating and adjacent agencies.
- Territory covered by the system, i.e., list town, counties, district, etc.
- A listing of all telephone company(s) involved, their exchange(s) and prefix(es).
- A statement that agreements have been signed by all participating agencies in the system. If not, why.
- Adjacent agencies that have been contacted about the proposed system.
- The cost of the system and how it will be paid for.
- Public education.
- Training.
- Use of TTY's and Training
- Location of alternate PSAP for backup.
- Will everyone in the municipality or county be included in the system. If not, why? If the ETSB feels it is too costly to bring certain citizens into the system, given an explanation and/or letter from telephone company setting out the costs.
- Are there citizens residing in the police, fire or emergency medical agencies jurisdiction who can't dial 9-1-1? If so, give an explanation of how they will reach emergency services.
- How are rural residences addressed for the data base?
- Explain all aspects of the data base, i.e., how often is it updated, where is it located, etc.
- Is the selective router being provided by the local exchange carrier via tariffed rates or will it be a county/city/ETSB owned or leased selective router.

Please provide in detail the features to be provided by your selective route.

In summary, the narrative should be a brief overview of each Exhibit within the Application.

Exhibits 1 & 2

SYSTEM MAPS

Exhibit 1 - A map or maps showing the boundaries of the proposed 9-1-1 System.

Exhibit 2 - A map or maps showing jurisdictional boundaries of the system participants and adjoining agencies not included in this proposed 9-1-1 plan. This exhibit shall include all agencies listed in Exhibits 3 and 4.

The map(s) should be marked and labeled to distinguish the different jurisdictions and public safety agencies.

Also, Section 200.110 of the "Rules of Practice" requires that the size of the maps are 8 ½" x 11" or folded to 8 1/12" x 11".

NOTE; Exhibits 1 and 2 may be combined into one map.

Exhibit 6

FINANCIAL ARRANGEMENTS

Explain the financial arrangements to be employed for call handling and telecommunication services to implement the proposed 9-1-1 System and future maintenance. If funds are provided through a telephone surcharge, list amount of surcharge, date collection started, how much is collected monthly and annually.

(USE ADDITIONAL SHEETS AS NECESSARY)

FUNDING <i>(Please check the appropriate)</i>
Funds provided by: local government <input type="checkbox"/> telephone surcharge <input type="checkbox"/> other <input type="checkbox"/>

DETAILED DESCRIPTION OF THE FUNDING MECHANISM

Exhibit 7

SYSTEM COSTS

A summary of the anticipated implementation costs and annual operating costs including selective routing, radio dispatch equipment, building or remodeling a public safety answering point, computer aided dispatch, mobile data terminals and networking charges for the proposed system. Projected monthly costs should be compared to present costs and the increase or decrease indicated.

PRESENT SYSTEM COST (summary)
Annual Cost
\$

PROPOSED SYSTEM COST (summary)		
Annual Cost	Installation Cost	Total First Year Cost
\$ +	\$ =	\$

**SAMPLE AGREEMENT
Do Not Fill in Blanks
This Page Must Be Retyped**

Exhibits 8 & 9

AGREEMENTS

(DATE)

For 9-1-1 Emergency Communications

This agreement is made between the Public Safety Answering Point, hereinafter referred to as "PSAP", and the (participating agency), for the purpose of effective handling and routing of 9-1-1 Emergency calls.

CALL HANDLING (Exhibit 8)

(System Name) PSAP Center receiving a call for emergency services in your jurisdiction shall dispatch the call in the following manner:

Primary: *(State Specific Procedures if radio frequency-identity number, if telephone-identity telephone number)*

Secondary: *(State Specific Procedures if radio frequency-identity frequency number, if telephone-identity number)*

AID OUTSIDE JURISDICTION BOUNDARY (Exhibit 9)

Once an emergency unit is dispatched in response to a request through the system, such unit shall render its service to the requesting party without regard to whether the unit is operating outside its normal jurisdictional boundaries.

The legislative intent is that 9-1-1 be used for emergency calls only. Therefore, all calls of an administrative or non-emergency nature shall be referred to your agency's published telephone number.

The PSAP Center agrees to keep all records, times, and places of all calls. All records will be available to all participants of the 9-1-1 System.

It shall be the responsibility of your agency to maintain the report of the call and the disposition of each call received.

All agreements, management, records, and service will be the responsibility of the advisory and policy board.

PSAP

Agency

By _____

By _____

Title _____

Title _____

Exhibit 10

QUESTIONNAIRE

- | | | YES | NO |
|-----|--|--------------------------|--------------------------|
| 1) | Do you agree to abide by all rules as prescribed by the 9-1-1 Act and Illinois Administrative Code 725? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Will 9-1-1 be the primary published emergency telephone number within the area served by system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Will automatic dialing type alarms be permitted on 9-1-1 lines/ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Will the PSAP have a designated overflow answering station that can be utilized if the call volume exceed that which the telecommunicator on duty is able to handle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | Will the PSAP have an emergency power source?
What type? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | Does the system have an Emergency Telephone System Board appointed as prescribed by the Emergency Telephone System Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | Will management develop and write "Standard Operating Procedures" for PSAP personnel concerning the call handling agreements and the requirements of 83 Illinois Administrative Code 725? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | If applicable, will PSAP management, prior to activating the system, establish written procedures for all tracing with all the telephone companies involved in the system?
Not Applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | Will PSAP management, prior to activating the system, establish written procedures for the repair of equipment and restoration of services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | Will PSAP management develop procedures for providing 9-1-1 service in the event that critical functions of the PSAP are partially disable due to natural or man-made disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | Will PSAP management, prior to activating the system, file with the Commission the written procedures that have been established and are in place, which are referred to in Questions 7, 8 and 9? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | Will the PSAP have a teletypewriter (TTY) to use in answering calls made by the hearing impaired for each answering position? If not, please elaborate on number of TTY's.
Is there a backup TTY unit at each PSAP?

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | Will the PSAP utilize a TTY PSAP Based Voice Annunciator? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | Will 9-1-1 be the emergency number for TTY calls?
If not, what telephone number will be utilized?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) | Will adequate training be provided to PSAP personnel in the use of TTY's? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) | Do you have any dedicated 7 digit lines used for TTY calls that will be disconnected when 9-1-1 is operated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) | If so, have arrangements been made to provide an announcement to TTY user's informing them that 9-1-1 should now be dialed for emergencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) | What response will be initiated by the PSAP for calls where verbal contact can not be established?
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

THE TELEPHONE COMPANY(S) WILL ASSIST YOU IN ANSWERING THESE QUESTIONS

- | | | YES | NO |
|-----|--|--------------------------|--------------------------|
| 20) | Is there a cell site in your area that would result in cellular 9-1-1 calls arriving at your PSAP? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | Do you have procedures in place to accept and handle cellular 9-1-1 calls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) | What considerations has management made to insure that private residential and private business switch services are provided the same level of 9-1-1 as public agency(s) and telecommunications carrier(s) are providing other end users of the local 9-1-1 System, as required by the Emergency Telephone System Act, 50 ILCS 750.01 et seq.? | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 23) | Will the telephone directories that will be affected by the proposed system have 9-1-1 listed as the primary emergency number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) | What type of trunking arrangement will be used to provide incoming 9-1-1 trunks? <i>(Please check appropriate item).</i> | | |
| | a. _____ Dedicated Directed | | |
| | b. _____ Tandem | | |
| | c. _____ Combination of a & b | | |
| 25) | Is your selective router being provisioned by the local exchange carrier? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) | Please provide in detail the features to be provided by your selective router. | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 27) | Will 9-1-1 circuits utilize alternate routing per the definition under 83 Illinois Administrative Code, Part 725? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) | Will pay phones within the system's boundaries be appropriately placarded and have 9-1-1 coin-free dialing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) | Will critical telephone equipment be utilized in the PSAP which will not operate properly during or after a power fluctuation or interruption has been experienced? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, describe the power supply used to prevent a loss of operation. | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 30) | On a separate sheet, diagram the trunking arrangement(s) used and the number of 9-1-1 circuits for each switching office to the PSAP. Please label diagram as Exhibit 10, Question . | | |
| 31) | Please provide a detailed testing plan that explains specifically how the 911 Network and database will be tested and provide the time frame in which this will be done. | | |