

June 22, 2004

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Reference: Formal request for Phase II Wireless Services

Dear \_\_\_\_\_:

This letter is a formal request for the provision of 9-1-1 Wireless Phase II Services from \_\_\_\_\_ (insert wireless company name) for the \_\_\_\_\_ (insert authority board name) Enhanced 9-1-1 System. This request is made pursuant to the Federal Communications Commission (FCC) Rule and Order Number 94-102. Your immediate response is requested, so that we may know how you plan to implement the delivery of Wireless Phase II within the six-month timeframe as required by the FCC.

The Authority Board realizes how important 9-1-1 Wireless Phase II location technology is in our jurisdiction of Colorado. Accordingly, the Public Safety Answering Points (PSAP's) are capable of receiving and utilizing the data associated with Phase II service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Insert PSAP name, address and zip codes covered)*

A change in the Colorado Statute regarding 9-1-1 in 1997 allowed for the collection of surcharge on all wireless devices. Those funds have been used and continue to be used to meet the requirements as established by the FCC. Therefore, a mechanism of recovering the cost of the Phase II service is in place. Cost recovery will be handled through Qwest Corporation, the Basic Emergency Service Provider (BESP).

It should be noted that this letter does not imply that we are entering into any financial obligation what so ever, nor shall we be held responsible for any cost of the Phase II Service we have requested except through the BESP. Any financial considerations that become necessary in order to provide the above service, other than the collection of the surcharge, shall require a written contract and shall be mutually agreed to by all parties concerned.

Please include in your response an updated and complete list of your cellular tower sites located in \_\_\_\_\_ (insert jurisdiction). Include the site information in both address and Latitude/Longitude formats. Indicate if the site is currently Phase I compliant. If your sites are not Phase I compliant please provide your plan for implementing Phase I immediately.

The \_\_\_\_\_ (inset authority name) Authority Board representative \_\_\_\_\_ (insert contact name and information) will be the point of contact for your company in reference to ongoing Phase I issues and the completion of Phase II. It is also, requested that a representative from your company be present in the PSAP(s) during Phase II testing.

Sincerely,

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Name

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Title

cc: Patty Jo Ryan, Qwest Corporation