

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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | Will 9-1-1 be the primary published emergency telephone number within the area served by system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | Will automatic dialing type alarms be permitted on 9-1-1 lines/ | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5) | Will the PSAP have an emergency power source?
What type? <u>Natural Gas Powered Generator with Propane Backup</u> | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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? <u>See Exhibit B</u> | <input checked="" 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?
<hr/> <hr/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13) | Will the PSAP utilize a TTY PSAP Based Voice Annunciator? | <input checked="" 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? <hr/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15) | Will adequate training be provided to PSAP personnel in the use of TTY's? | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18) | What response will be initiated by the PSAP for calls where verbal contact can not be established?
<u>See Exhibit B</u>
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THE TELEPHONE COMPANY(S) WILL ASSIST YOU IN ANSWERING THESE QUESTIONS

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| Is there a cell site in your area that would result in cellular 9-1-1 calls arriving at your PSAP? | <input checked="" 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 checked="" 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.? | | |
| <p><u>Public Notice has been placed in a newspaper of general circulation in the jurisdictional area of the Marseilles ETSB on one day for three consecutive weeks - See Exhibit C</u></p> <hr/> | | |
| 23) Will the telephone directories that will be affected by the proposed system have 9-1-1 listed as the primary emergency number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24) What type of trunking arrangement will be used to provide incoming 9-1-1 trunks? (Please check appropriate item). | | |
| a. _____ Dedicated Directed | | |
| b. _____ Tandem | | |
| c. <u> X </u> Combination of a & b | | |
| 25) Is your selective router being provisioned by the local exchange carrier? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26) Please provide in detail the features to be provided by your selective router. | | |
| <p><u>ANI, ALL, Selective Router</u></p> <p><u>Forced Disconnect</u></p> <hr/> | | |
| 27) Will 9-1-1 circuits utilize alternate routing per the definition under 83 Illinois Administrative Code, Part 725? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28) Will pay phones within the system's boundaries be appropriately placarded and have 9-1-1 coin-free dialling? | <input checked="" 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 checked="" type="checkbox"/> |
| <p>If yes, describe the power supply used to prevent a loss of operation.</p> <hr/> <hr/> <hr/> | | |
| 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. | | |