Notice of Intent to Provide Public Access Defibrillation

Bureau of Emergency Medical Services

Original Notification Update						
Entity Providing	PAD			<u> </u>		
Name of Organization				() Telephone Number		
Name of Primary Contact Person				E-Mail Address		
Address				E Man / Maroos		
City	State	ip	() Fax Number			
Type of Entity (please check the appropriate boxes)						
Business Construction Company		Fire Department/District		Private School College/University		
Health Club/ Gym		Police Department Local Municipal Government		Physician's Office		
Recreational Facility		County Government		Dental Office or Clinic		
Industrial Setting		State Government		Adult Care Facility		
Retail Setting		Public Utilities		Mental Health Office or Clinic		
Transportation Hub		Public School K – 6		Other Medical Facility (specify))
Restaurant		Public School 6 - 12		Other (specify)		
					Number of AEDs	
Name of Ambulance Service and 911 Dispatch Center						
Name of Ambulance Service and Contact Person				Telephone Number		
Name of 911 Dispatch Center and Contact Person				County		
Authorization Names and Signatures						
CEO or Designee (Please print)			Signature			Date
Physician or Hospital Repre	esentative (Please nrin	Signature			Date	