

**Los Medanos Community
Healthcare District
P.O. Box 8698
Pittsburg, CA 94565-8698
(925) 432-2200
Fax (925) 427-1669**



"A Public Entity Serving East County"

Requesting Organization _____

Date of request _____

Name and address of the proposed AED site

How does this location serve higher risk populations for cardiac events?

What is the approximate number of individuals visiting this site on a daily basis? _____
Monthly basis? _____

Does this site have personnel willing and able to respond to cardiac emergencies and provide CPR and defibrillation? _____

Additional information to help us understand why your organization needs an AED

Name of contact person _____ Phone number _____