Charlotte County AED Location Form

Please fill out all information before submitting form

Please use this form to report the location of an AED or to update previously reported information. Please print or type clearly.

Organization Name:

Address:

City: **Zip Code:**

Main Phone #:   **Secondary #:**

AED Coordinator Information

AED Site Coordinator Name:

        Last Name   **First Name**

Department:

Contact Person (if different from coordinator):

Email:

Tel #:   **Fax #:**

Date Form Completed:

Complete the following pages with the location of AED(s) you are reregistering, please give very specific information as to the exact location of the AED(s).

Once you have submitted the *Charlotte County AED Location Form*, you will be contacted by one of our staff for follow up.

There are three (3) options to submit the "*Charlotte County AED Location Form*":
1. **E-Mail:** Complete form and click **"Submit"** on the bottom of page 3
2. **Fax:** Print completed form and fax to **941-833-5630**. Please attach a cover attention *"AED Info".*
3. **Mail:** Print completed form and mail to **26571 Airport Rd. Punta Gorda, FL 33982.**

For questions contact Charlotte County Fire and EMS at (p) 941-833-5600

AED Location(s)

For each AED, please include the specific location *(e.g. in lobby behind desk on left wall)*

(If different from address in "General Information" Section)

Address:

City: **Zip Code:**

Exact Location of AED:

Floor: **Room/Suite:** **AED Make:**

☐ **Available 24/7?** **Are you reporting a new AED or updating information?**

(If different from address in "General Information" Section)

Address:

City: **Zip Code:**

Exact Location of AED:

Floor: **Room/Suite:** **AED Make:**

☐ **Available 24/7?** **Are you reporting a new AED or updating information?**

(If different from address in "General Information" Section)

Address:

City: **Zip Code:**

Exact Location of AED:

Floor: **Room/Suite:** **AED Make:**

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