



NOTICE OF AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) PLACEMENT FOR PUBLIC ACCESS DEFIBRILLATION (PAD)

DATE OF NOTIFICATION			TYPE OF NOTIFICATION	
MONTH:	DATE:	YEAR:	NEW:	UPDATE ON EXISTING:
NAME AND ADDRESS OF THE LOCATION OF AED(S)				
<i>(Please complete a separate form for each AED location if address is different)</i>				
NAME OF BUSINESS/AGENCY:				
ADDRESS:				
CITY:			STATE:	
ZIP:				
PHONE NUMBER:				
AED CONTACT INFORMATION				
NAME:				
ADDRESS:			ADDRESS SAME AS ABOVE	
CITY:			STATE:	
ZIP:		PHONE NUMBER:		
EMAIL:				
AED INFORMATION				
MAKE AND MODEL OF AED(S):				
IF OTHER PLEASE LIST:				
NUMBER OF AED(S) PLACED:				
PLEASE LIST BELOW THE SPECIFIC LOCATION OF AED(S)				
PLEASE MAIL OR EMAIL TO:				
Riverside County Emergency Management Department				
Division: Emergency Medical Services				
Attn: PAD Registry				
📍 450 East Alessandro Blvd.				
Riverside, CA 92508				
☎ 951-358-5029				
✉ Email: aedregistry@rivco.org				