

**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)
 INSTALLATION NOTIFICATION FORM
 SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY
 355 TUOLUMNE ST., SUITE 2400, MS 20-240, VALLEJO, CA 94590**

**Please submit the following information to Solano County EMS.
 (via fax: 707-784-8155) (via email: HPZulueta@solanocounty.com)
 Contact Hermie Zulueta (707-553-5483) if you have any questions.**

COMPANY NAME:	
COMPANY ADDRESS:	
CONTACT NAME:	CONTACT PHONE #:
AED TYPE: 1. _____ 2. _____ 3. _____ 4. _____	AED SERIAL #: 1. _____ 2. _____ 3. _____ 4. _____
AED LOCATION(S): 1. _____ 2. _____ 3. _____ 4. _____	
COMPANY PROVIDING AED EQUIPMENT: Contact Name: _____ Phone: _____ Address: _____ _____	
MEDICAL DIRECTOR:	
ADDRESS:	PHONE #:
FOR EMS OFFICE USE:	
DATE RECEIVED:	AED LISTING UPDATED: YES: <input type="checkbox"/> NO: <input type="checkbox"/>