



**PUBLIC ACCESS DEFIBRILLATION  
AED SITE NOTIFICATION**

Form: 910

**Directions:**

- ❖ Please use one form for each street address at which an AED is located
- ❖ Submit to the San Benito County EMS Agency

Location of building/complex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Specific Locations:

List the location of each AED at this address (include floor, area, site-specific location information & number of devices at each location).

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Site Contact Information

On-site contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please initial in the space provided next to your preference.**

\_\_\_\_\_ I approve of the EMS Agency sharing Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that a registered citizen responder may come to my location to assist during a cardiac arrest.

\_\_\_\_\_ The EMS Agency should not share my Automated External Defibrillator (AED) location information with EMS Agency and Fire Department citizen responder programs. I understand that the EMS Agency is required to provide this information to other parties in response to a public records act request.