



Marion & Ralls County Ambulance Dist.

Automated External Defibrillator (AED) Request Form

Facility Information

Attention AED Program Coordinator:

We are writing to inform you that as part of our commitment to the health and wellbeing of our employees, clients, and visitors we are requesting funding for an AED device for our facility in order to partner with Marion & Ralls County Ambulance Dist. AED initiative.

Contact Name: _____ **Contact Phone:** _____

Email & Mailing Address: _____

Describe the location the AED is to be used and number of people who are using the facility or number served.

Our Site is classified as a :

- School
- Recreation Facility
- Government Office
- Corporate Workplace
- Manufacturer
- Retail Establishment
- Medical Facility
- Other

Requesting Party's Signature

Date

*Please submit AED Request Forms to : Marion & Ralls County Ambulance District
142 Jaycee Drive
Hannibal, Mo 63401
OR
Email: Chiefs@mcadems.com

Administrative Approval

- Approved
- Deferred

Funding: Budgeted \$ _____ Found. Grant \$ _____ Foundation \$ _____

Private \$ _____ Other \$ _____ TOTAL \$ _____

Comments:

AED Program Coordinator Signature

Date