

**Notification of Change
Public Access Defibrillator Site**

Please note any changes to PAD Program, including change of information,
removal or addition to existing program.

**Submit notification of changes to County of San Diego EMS
FAX: 619-285-6531, Attn: AED Coordinator
OR**

Addition Removal Change of information (include old & new information)

Old Information

New Information

Physician Medical Director Information

Physician's Name:

CA Medical Lic. Number:

Phone Number:

Physician's Name:

CA Medical Lic. Number:

Phone Number:

On-Site Contact Information

Name of On-site Contact:

Phone Number:

Physical Address:

Mailing Address:

Name of On-site Contact:

Phone Number:

Physical Address:

Mailing Address:

AED Location and Equipment Information

Building or Complex Name:

Physical Address:

Floor and Location:

Make:

Model:

Date of Placement:

Building or Complex Name:

Physical Address:

Floor and Location:

Make:

Model:

Date of Placement: