



# Automated External Defibrillator (AED) Request Form

## Clackamas Emergency Services Foundation

### 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 Clackamas Emergency Services Foundation's AED initiative.

Facility Name and Site Address: [Attach a separate sheet for each facility]

\_\_\_\_\_ ]

**Contact Name:**

**Contact Phone:**

\_\_\_\_\_

**Contact Email & Mailing Address:**

\_\_\_\_\_

Our Site is classified as a :

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

*Name to whom AED reimbursement check should be made payable:*

\_\_\_\_\_ ]

*Requesting Party's Signature*

*Date*

\*Please submit AED Request Forms to : Clackamas Emergency Services Foundation  
11300 SE Fuller Road  
Milwaukie, OR 97222  
OR  
Email: [cesfassistant@gmail.com](mailto:cesfassistant@gmail.com)

### Clackamas Emergency Services Foundation Approval

- Approved                                       Deferred

Funding:  OP. Lifeshock \$\_\_\_\_\_       Found. Grant \$\_\_\_\_\_       Foundation \$\_\_\_\_\_

Private \$\_\_\_\_\_       Other \$\_\_\_\_\_      TOTAL \$\_\_\_\_\_

**Comments:**

*AED Program Coordinator Signature*

*Date*