



AED Site Registration

Site Name: _____

Street Address: _____

Type of AED: _____

Contact Person/Telephone: _____

Exact Location of AED (e.g.: North hall above fire extinguisher) _____

Return this form to: Carver County Public Health
Administration Building
600 East 4th Street
Chaska, MN 55318 or fax to: 952-361-1360