

## AED RENTAL REQUEST FORM

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Show Title: \_\_\_\_\_

Production Company Name: \_\_\_\_\_

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

Parent Company (if applicable): \_\_\_\_\_

Items Requested	Price Per Unit	Quantity Requested
LifePak CR Plus	\$109/month	
LifePak CR 2	\$149/month	
Wall Brackets	included	
Alarmed Cabinets (Please note, an AED going into a construction shop must be kept in an alarmed cabinet.)	included	

Department(s): \_\_\_\_\_

Dates Requested: From: \_\_\_\_\_ to \_\_\_\_\_

Will you pick up AED's \_\_\_\_\_ or want them couriered

Please complete this form and email to: [aedrentals@actsafe.ca](mailto:aedrentals@actsafe.ca)

Once we have received the AED Request Form:

1. If AED's are available we will forward an AED Rental Agreement to you based on the information provided above.
2. If AED's are not available for the dates you have chosen, we will contact you with availability.

**CLEAR FORM**