



## AED RENTAL REQUEST FORM

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

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

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

Customer/Production: \_\_\_\_\_

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

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

# of AED's Requested	Price per unit	Quantity requested
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LifePak CR Plus	\$109.00/month	_____
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LifePak CR 2	\$149.00/month	_____
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# of Wall Brackets Requested:	included	_____
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# of Alarmed Cabinets Requested: (please note an AED going into a Construction Shop must be kept in an alarmed cabinet)	included	_____
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Department (s): \_\_\_\_\_

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

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

Please complete 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.

