



AED BUYER REGISTRATION PROCESS LAYTON CITY

Organization				
Contact Person				
Secondary Contact Person				
Primary Phone				
Secondary Phone				
Email				
Mailing Address				
Address				
City		State		Zip
County				
AED Machine Information				
*Exact Location of AED				
Brand				
Model				
Serial No.				

*Note: If the AED is relocated you must resubmit this form so we can update our information.