## **Comox Fire Rescue AED Application Form**

Instructions: Fill in blanks, save PDF and email to firehall@comox.ca

This form can also be printed off, and filled in by hand. Then drop off at Comox Firehall. 1870 Noel Ave. Comox. 250-339-2432 Please feel free to attach further information in email, in addition to this form.

Street:

Address:

Date:

**Organization/Company name:** 

**Contact Names:** 

**Contact Number(s):** 

**Contact Email:** 

Sponsorship ~ 100% Funded by Comox Firefighters Association

Partnership ~ 50% / 50% (preferred) \$1,000 donation required

**Description of Company/Organization:** 

**Reason for requesting funds:** 

How many individuals will know how to use the AED when required:

What other alternatives have been explored by your organization for AED funds: