SAMPLE 911 or Ambulance Dispatch Letter

CURRENT DATE

JOHN DOE, Senior Dispatcher

XYZ Fire Control

City, State ZIP

To Whom It May Concern:

Please be advised that (NAME OF PAD AGENCY) has engaged in an agreement to provide Public Access Defibrillation (PAD). We are notifying you of this agreement pursuant to the requirements of New York State Public Health Law, Article 30, Section 3000-b and because you will serve as our 9-1-1 public safety answering point. Our PAD Program Coordinator is Jane Doe and may be contacted by phone at 716-555-1212. Please feel free to call if you have any questions regarding our program.

Thank you very much for your time and attention.

Sincerely,

Jane Doe

PAD Program Coordinator