

Medical Marijuana Grow Site Consent

All fields must be filled in or the grower and grow site application will be considered incomplete. The Oregon Medical Marijuana Program (OMMP) may contact the property owner for additional information or verification if needed. Any false information submitted to OMMP could result in the denial, suspension or revocation of the grower and grow site registrations.

Grow site consent *(To be filled out by property owner)*

I am the property owner or property owner's legal representative of the address listed below and have been informed this address will be used to grow medical marijuana. I give consent for the grower(s) listed in this form to grow medical marijuana at this address. This consent is valid for any patient who has designated a grower listed below and has designated my address as the grow site. I understand that the grower(s) listed below may allow employees of OMMP or the Oregon Liquor Control Commission to access my property, at the address listed below, in order to inspect for compliance with OMMP laws.

Grower's name(s): _____
Grow site address: _____
Grow site city and ZIP code: _____

I am the: Property owner Property owner's legal representative**

** If the individual is a legal representative, proof that the individual is the property owner's legal representative must be included with this consent form.

Name of property owner or property owner's legal representative for the grow site:

Property owner's or legal representative's phone number: _____

Property owner's or legal representative's mailing address: _____

City: _____ State: _____ ZIP: _____

I, property owner or legal representative listed above, attest the information provided is true and that I am authorizing my property to be used to grow medical marijuana. I understand that this consent is valid until I withdraw my consent and submit that withdrawal in writing to OMMP.

Signature of property owner or legal representative

_____/_____/_____
Date

This consent form does not authorize a grower listed on the form to start growing marijuana at the address. A grower must first be issued grower and grow site registration cards.

Mail form to:

OHA/OMMP
P.O. Box 14450
Portland, OR 97293-0450

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oregon Medical Marijuana Program (OMMP) at 971-673-1234 or 711 for TTY.