

### Medical Marijuana Grow Site Election Form

This form must be filled out by one OMMP grower registered at a grow site address who will submit the form on behalf of all growers registered at the grow site address.

Grower Card Number	
Government Issued ID Number	
Grower Name (First, middle initial, last)	
Contact Info	
Grow Site Address	
City and Zip Code	

Select one of the boxes below and initial after the statement. By selecting one box you are informing OMMP of the decision for the grow site.

- The grow site will remain registered with the OMMP and each grower will use the Cannabis Tracking System and pay an additional fee of approximately \$480. \_\_\_\_\_ Initial
- The grow site address will be used to apply for a producer license with the OLCC. A complete application to produce marijuana at the grow site address must be submitted to the OLCC before January 1, 2018. \_\_\_\_\_ Initial
- I am a patient growing for myself and there are no more than 12 mature plants or 24 immature plants at the grow site. \_\_\_\_\_ Initial

**A decision must be made and submitted to the OMMP by December 1, 2017.**

- I attest that all growers at the grow site agree to the decision being made and understand what next steps need to be taken. \_\_\_\_\_ Initial

\_\_\_\_\_  
Signature of Registered Grower

\_\_\_\_\_  
Date

Return this form to:  
OHA/OMMP  
PO Box 14450  
Portland, OR 97293-0450