

## Medical Marijuana Grow Site Consent

**This form must be signed witnessed and notarized by a notary public.**

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. This consent is valid for any patient who has designated a grower listed below that has designated my property as the grow site. OMMP will verify the property ownership with the county; any false information submitted to OMMP may result in the denial, suspension or revocation of the grower and grow site registrations.

I am the: ☐ Property owner ☐ Property owner's legal representative (enclose legal documentation)

First and last name of the property owner or property owner's legal representative for the grow site.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Property owner or property owner's legal representative mailing address city, state and ZIP:

\_\_\_\_\_

Grower's name(s): \_\_\_\_\_

Legal address of the grow site: \_\_\_\_\_

City, state and ZIP: \_\_\_\_\_

### Grow Site Consent Registration Term (Select one option)

☐ I authorize my property to be used by the above-named grower(s) to grow medical marijuana. I understand this consent is valid until I withdraw my consent.

☐ I authorize my property to be used by the above-named grower(s) to grow medical marijuana until the end date of: \_\_\_\_/\_\_\_\_/\_\_\_\_. Date provided must account for a minimum of one annual registration term.

**I, property owner or property owner's legal representative listed above, attest the information provided is true**, and allow employees of Oregon Medical Marijuana Program or the Oregon Liquor and Cannabis Commission, if applicable, to access my property to inspect for compliance with statutes and rules ORS 475C.792, ORS 475C.871, and ORS 475C.898.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of property owner or property owner's legal representative Date

### Notary Public Use Only

State \_\_\_\_\_ County of \_\_\_\_\_ Signed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Notary Signature My Commission Expires

Seal/Stamp

# Medical Marijuana Grow Site Consent Instructions

## Property Owner or Property Owner's Legal Representative

### Before you start:

Type or print legibly. Do not change the form or use whiteout. All fields must be filled in or the form will be considered incomplete.

The property owner or their legal representative must sign this form witnessed by a notary public. After the form has been signed by a notary public, no changes can be made to the form.

The Oregon Medical Marijuana Program (OMMP) will verify the property ownership with the county and may contact the property owner or their owner's legal representative for additional information or verification if needed.

### Grow site consent registration term:

This section allows the property owner or their legal representative to provide an end date for consent or no end date. One option must be selected.

Selecting the first check box allows the grower(s) listed on this consent form to continually grow at the grow site listed on the form until consent is withdrawn.

Selecting the second check box with an end date means OMMP will only register a grower at the grow site address for an annual registration term(s) before the date provided. A new notarized consent form from the property owner or their legal representative will be needed before the program can add or renew a registration.

The property owner or their legal representative may at any time contact OMMP in writing to withdraw their consent.

### Legal Representative:

Legal documentation, which includes the property owner's legal representative first and last name, must be included with this consent form.

Examples of legal documentation for the legal representative include but are not limited to:

- Power of Attorney
- Corporate Resolutions
- Certificate of Trust/ Trust Agreements
- Deeds and Title Documents
- Notarized current Agreement from Legal Representative and Property Owner
- Estate Affidavit
- LLC Operating Agreement
- Grant of Probate or Letter of Administration
- Property Management Agreement

**To withdraw consent for the property being used as a medical marijuana grow site, contact OMMP at: [ommp.info@odhsoha.oregon.gov](mailto:ommp.info@odhsoha.oregon.gov).** Include the property owner or their legal representative name, grow site address and the grower's names(s) consent is withdrawn for.

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.

Mail form to: **OHA/OMMP** P.O. Box 14450, Portland, OR 97293-0450

Level 3 - Restricted