

# TEHAMA COUNTY HEALTH SERVICES AGENCY

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## PROPERTY OWNER CONSENT TO CULTIVATION OF MARIJUANA

To Whom It May Concern:

I, \_\_\_\_\_, am the owner of the real property located at \_\_\_\_\_, A.P.N. \_\_\_\_-\_\_\_\_-\_\_\_\_, in the unincorporated area of Tehama County. I have been provided with a copy of Chapter 9.06 of the Tehama County Code pertaining to marijuana cultivation. I am aware that under Chapter 9.06:

- Marijuana may not lawfully be cultivated on my property without my consent.
- All marijuana cultivation sites in the unincorporated area of Tehama County must be registered with the Tehama County Health Services Agency.
- Any person registering a marijuana cultivation site must present a signed, notarized letter from the property owner(s) consenting to the cultivation of marijuana on the property.
- This letter will be examined by the Tehama County Health Services Agency during the registration process, but will not be retained by the County.
- I have the right to revoke my consent to marijuana cultivation at any time.

I hereby consent to allow \_\_\_\_\_ to cultivate marijuana on the property described above.

_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Address & Telephone No.	_____ Address & Telephone No.

The Registrant must provide a notarized consent letter from all property owners.

See reverse for notary.

STATE OF CALIFORNIA        }  
COUNTY OF \_\_\_\_\_        }        S.S.

On \_\_\_\_\_, 200\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public \_\_\_\_\_

Capacity of Signatory \_\_\_\_\_