COUNTY OF SHASTA
RESOURCE MANAGEMENT
BUILDING DIVISION
1855 PLACER STREET, SUITE 102
REDDING, CA 96001

OFFICE: (530) 225-5761
FAX: (530) 245-6468
WEBSITE: www.co.shasta.ca.us

PROPERTY OWNER ACKNOWLEDGEMENT FOR MEDICINAL MARIJUANA CULTIVATION

SITE INFORMATION:

ASSESSOR'S PARCEL NO: _____ SITE ADDRESS: _____

PROPERTY OWNER'S INFORMATION

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

TENANT'S INFORMATION

TENANT'S NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

I, _____ (Owner) have reviewed and understand Section 17.88.320 of the Shasta County Code, referenced in Ordinance No. SCC 2014-02, related to Medical Marijuana Cultivation, and I consent to the cultivation of Marijuana on the above named parcel. I understand and acknowledge that a copy of this notarized statement must be kept available to immediately present to enforcing officers and law enforcement officers upon request.

_____ _____
Owner's Name (Print Name) Date

_____
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Shasta

On this_____day of _____, before me _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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_____Seal)