

CONTACT INFORMATION PHONE: 707-234-6680

mcdpod@mendocinocounty.gov

https://www.mendocinocounty.org/departments/cannabis-department

PROPERTY OWNER CONSENT REVOCATION FORM

۱, _	, declare under penalty of perjury that:
1.	I am the record title owner of the property located at:
	, Mendocino County, California,
	(Physical Address)
	APN, or the title owner is a trust or business entity named,
	, and I have been duly authorized to represent such
	trust or business entity for purposes of executing this document.
2.	I, or the trust or business entity I represent, am revoking property owner consent for cannabis to be cultivated at the above location as of:
	Signed this day of . 20