



City of Santa Ana



Property Owner/Landlord Use Disclosure and Authorization for a Medical Marijuana Collective/Cooperative

I, _____, am the current legal **owner / landlord / lessor** of the
(Name of Property Owner / Landlord)

property located at _____, in Santa Ana, California. I authorize
(Address listed on application)

the Medical Marijuana Collective entitled _____, to use this
(Name of Collective/Cooperative listed on the application)

property as a Medical Marijuana Collective/Cooperative, as those terms are defined in Chapter 18 of the Santa Ana Municipal Code. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property.

Property Owner / Landlord Information					
Street Address				Apartment / Unit #	
City		State		ZIP	
Phone Number			Email		

(Signature of legal Owner / Landlord / Lessor)

(Printed Name and Title)

Date

I certify under penalty of perjury that the foregoing information is true and correct. Executed this
_____ day of _____ 2015, in Santa Ana, California.
(Day) (Month)