



Tim Standley

Sheriff-Coroner
County of Sierra
State of California

100 Courthouse Square/PO Box 66
Downieville CA 95936
(530)289-3700 Fax (530) 289-3318

To the County of Sierra,

My name is _____, I'm the legal
owner of Sierra County Assessor Parcel Number (APN) _____,
located at _____ as
recorded with the Sierra County Assessor's Office. I authorize the following person(s) to cultivate medical
marijuana at the above listed address and APN; _____

**This letter is to serve as notice that I consent to the person(s) listed above and residing on the abovementioned
Sierra County Parcel to cultivate medical marijuana in compliance with all State laws and Sierra County
Ordinance 1055 (available for review at <http://www.sierracounty.ca.gov/documentcenter/view/1285>).**



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 _____)

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

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 _____
Signature of Notary Public