



**State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
560 Jefferson Blvd- Suite 204
Warwick, RI 02886**

Property Owner Permission Form for Medical Marijuana Home-Grows

Pursuant to R.I. Gen. Laws § 21-28.6-15(a) & § 1.12(C)(3)(b) of the Regulations (230-RICR-80-05-1), a registered patient and/or caregiver is required to submit documentation to the Office of Cannabis Regulation showing that they have the landlord/property owner's permission to grow medical marijuana on the premises.

Please complete the below fields and submit to OCR via the online tag platform when prompted.

Applicant Patient/Caregiver Name: _____

Proposed Grow Street Address: _____

Proposed Grow City: _____

Proposed Grow Zip Code: _____

By signing below the property owner/landlord attests to the Office of Regulation that they have granted permission to the above disclosed patient/caregiver to grow medical marijuana at the above reference premises.

Property Owner/Landlord Printed Name: _____

Signature: _____

Date: _____