

MEDICAL MARIJUANA IDENTIFICATION CARD RECEIPT DECLARATION

I understand that should my card become lost, damaged, or destroyed during the mailing process, I must notify the Mendocino County MMIC program and I must re-apply for a replacement card and pay new application fees. Notification can be made via telephone to 472-2784.

_____ I request the Mendocino County MMIC program hold my Medical Marijuana Identification Card in their office upon receipt so that I may take **delivery in person** at their office. I understand that only the cardholder can pick up identification cards and I must show valid government issued ID to pick up card.

- OR -

_____ I am requesting the Mendocino County MMIC program mail my Medical Marijuana Identification Card to me upon receipt, via the **U.S. Mail, First Class.**

Signature of Cardholder

Today's Date