

# Form F

## Consent of Property Owner

**This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.**

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

## F1 Property Owner Information

Mrs.  Miss  Ms.  Mr.

Property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

### **Production site address (if different from above)**

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

*If no street address is available, please provide lot and concession number:*

Lot Number: .....

Concession Number: .....

## F2 Property Owner Consent

### **a) Sole Owner**

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) \_\_\_\_\_ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**Note:** If the property is co-owned, please provide the name and address for each additional property owner in space below.

### **b) Joint Owner(s)**

Co-property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

Co-property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

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(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) \_\_\_\_\_ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

\_\_\_\_\_  
PROPERTY CO-OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PROPERTY CO-OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**IMPORTANT:**

- 1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
  - 2. We cannot process the application until ALL appropriate forms are received.**
  - 3. Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**