



MEDICAL MARIJUANA PROGRAM

1-855-244-9580 | fax: 971-673-0076

healthoregon.org/ommp | medmj.dispensaries@state.or.us

MEDICAL MARIJUANA LOCAL OPTION OPT-OUT or REPEAL FORM

This form is to be used by cities and counties to notify the Oregon Medical Marijuana Program (OMMP) of either:

- Adoption of an ordinance to opt-out of the establishment of medical marijuana processors or dispensaries; or
- A repeal of an ordinance prohibiting the establishment of medical marijuana processors and/or dispensaries.

The completed form may be returned to: medmj.dispensaries@state.or.us or via hard copy mail: Attn: Medical Marijuana Dispensary Program, PO Box 14116, Portland, OR, 97293-0116.

Must also submit a copy of the ordinance with this completed form.

Today's Date:		
Affected County:		
Affected City (if applicable):		
Contact Person:		
Phone:	Email:	
Governing Body:	Title:	

Please check all items that apply:		
☐ Medical Marijuana Processor	☐ Medical Marijuana Dispensary	☐ Opt-Out Notice ☐ Repeal Notice

Effective Date: _____

Printed Name: _____

Signature: _____

Date: _____