



Government of Guam
Department of Public Health and Social Services
PROPERTY OWNER'S AUTHORIZATION TO CULTIVATE

Landowner

I, _____, am the legal owner of the following property _____ (address of cultivation site).
I am authorizing _____ (name of cultivator) to cultivate medical cannabis on my property.

Homeowner's Association

I, _____, am the legal representative of the Homeowners' Association of the neighborhood where the cultivation will take place _____ (address of cultivation site). I am permitting _____ (name of cultivator) to cultivate inside his/her residence.

I can be contacted via email _____ or by phone _____.

Signature/Date