

**SB 420**  
**Medical Marijuana Identification Card**  
**Program**

**Card Issuance Preference**

\_\_\_\_\_ 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**.

**-OR-**

\_\_\_\_\_ I am requesting the Mendocino County MMIC program hold my Medical Marijuana Identification Card in their office upon receipt so that I may take **possession of the card in person** at their office. I understand that only the cardholder can pick up their identification card, and I must show a valid government issued ID to pick up my card from the Public Health Dept. office.

I understand that should my card become lost, damaged, or destroyed during the mailing process to me, 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 at 472-2784.

\_\_\_\_\_  
*Signature of Cardholder*

\_\_\_\_\_  
*Today's Date*