



# MEDICAL MARIJUANA DISPENSARY PROGRAM

1-855-244-9580 | mmj.oregon.gov  
fax: 971-673-0076

## Documentation of Proximity of Schools to Proposed Medical Marijuana Facility

Name of PRF ( <i>first, last</i> ):		
Home address ( <i>street/apartment #</i> ):		
City:	State:	ZIP:
Phone:	Email:	
Proposed facility address ( <i>street/apartment #</i> ):		
City:	State:	ZIP:

By signing below, I hereby attest that I have reviewed OAR 333-008-1000 to 333-008-1400, in particular the definitions of elementary school, secondary school, or career school attended primarily by minors and understand the characteristics of a school as described in OAR 333-008-1110. I acknowledge that I will be required to close if a school is found within 1,000 feet of my facility. I also attest that I have undertaken the following actions:

- Reviewed the MMDP locator map found at [http://navigator.state.or.us/apps/schools\\_locator/index.html](http://navigator.state.or.us/apps/schools_locator/index.html)
- Reviewed the Oregon Department of Education (ODE)'s Public and Private School Directory (Attention: private schools are not required to register with ODE)
- Canvassed the area within 1,000 feet of the proposed facility

Based on the actions above:

- I have not found any public or private elementary, secondary or career school within 1,000 feet of my proposed facility.
- The schools I have listed below may be public or private elementary, secondary or career schools and may be within 1,000 feet of my proposed facility but I am not certain if they are schools or within 1,000 feet:



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Name of school:	Address:
Name of school:	Address:
Name of school:	Address:
Name of school:	Address:
Name of school:	Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_