



State of Vermont
Marijuana Registry
45 State Drive
Waterbury, Vermont 05671-1300
www.medicalmarijuana.vermont.gov

[phone] 802-241-5115
[fax] 802-241-5230
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Department of Public Safety

Notice of Appeal

Instructions: Please complete all sections of this form.

IMPORTANT: Under 18 VSA § 4473(b)(4)(A), your appeal must be made within 7 days of receipt of a denial notice and signed. Review is limited to the information submitted by you with your application and consultation with your treating health care professional.

I am appealing the denial of a registry identification card.

Name: (First) (Middle) (Last)

Mailing Address:

City, State, Zip Code: Telephone #:

Date of Denial: Date of Birth:

Describe the reason why you believe the denial was incorrect.

Multiple horizontal lines for text entry.

AUTHORIZATION/REQUEST FOR THE RELEASE OF INFORMATION

I hereby authorize and request the Vermont Marijuana Registry (VMR) to furnish to the Marijuana Review Board (MRB) copies of this form and all documentation submitted with my application for a registry identification card, without reservation. I understand that the VMR will forward the information submitted with my application along with this form to the MRB.

I further consent to the MRB consulting with my treating health care profession, if needed.

This authorization is for the purpose to appeal the VMR's denial of my application to the MRB, in accordance with 18 V.S.A. § 4473. THIS AUTHORIZATION is subject to revocation at any time except to the extent that action has been taken in reliance on it. If not previously revoked, this authorization will terminate upon the final decision of the MRB.

(Signature) REQUIRED (Date)

