

PROOF OF SERVICE

I declare that I am a resident of or employed in the County of _____,
(county)

State of California. I am over the age of 18 years. The name and address of my residence or business is

(address, city, state, zip code)

On _____, I served a copy of _____
(date) (name of motion, brief, document, etc.)

_____ on the
Department of Cannabis Control in case number _____, at the location listed below
(case number)
by placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United
States Postal Service, or private delivery service following ordinary business practices with postage and
other costs prepaid, or by email to appeals@cannabis.ca.gov, or by personal delivery.

ONE COPY OF EACH FORM

Cannabis Control Appeals Panel
400 R Street, Suite 320
Sacramento, CA 95811

(Note: You must also submit an
electronic copy by email to
appeals@ccap.ca.gov or upload on
web portal)

ONE COPY OF EACH FORM

Department of Cannabis Control
Legal Affairs Division
2920 Kilgore Road
Rancho Cordova, CA 95670

I declare under penalty of perjury that the foregoing is true and correct and that this declaration
was executed on _____, at _____, California.
(date) (city)

(signature)

(print full name)