

CERTIFICATION OF EMAIL ADDRESS

CCAP Form 6005 (New 04/18 Rev. 10/21)

Directions: Any person submitting a CCAP Form 6003, Notice of Appeal, to the Cannabis Control Appeals Panel shall at the same time complete and submit this form to the Panel, as required by 16 CCR 6005(a). Any other party to the appeal shall, within 60 days of receipt of a Notice of Appeal, complete and submit this form to the Panel and also serve a copy of the completed form to all other parties to the appeal, as required by 16 CCR 6005(b).

A. Case Information

Your Name or Agency: _____

(If you are submitting this form on behalf of a licensing authority, write the name of your agency. Write "Department of Cannabis Control" if you are submitting this form on behalf of the Department)

I am the (check one):

 Appellant Respondent Other (Explain: _____)

Case Being Appealed: _____

(Provide case name and case number)

Licensing Authority: _____

(Provide the name of the licensing authority that issued the written decision in the underlying case)**B. Official Email Election**

You have the option to provide an official email address for receiving service of all correspondence, notices, pleadings, decisions, and other documents related to the appeal described above. By checking the applicable box below and providing an official email address, you agree to receive such service by electronic mail from the Cannabis Control Appeals Panel and all other parties to the appeal. If you do not elect to provide an official email address, you must provide a mailing address by which you agree to receive service by mail.

 I agree to receive service of all documents in connection with this appeal at the official email address provided below.

Official Email Address: _____

 I DO NOT agree to receive service of documents in connection with this appeal by email. Please send all documents in connection with this appeal to the following physical address:

Physical Address: _____

Proof of Service: Pursuant to 16 CCR 6005(b), any person submitting this form to the Cannabis Control Appeals Panel shall also serve a copy of this completed form on all other parties to this appeal.

Signature_____
Date_____
Print Name