

STATE OF COLORADO

Bill Ritter, Jr., Governor
Martha E. Rudolph, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

REPORT OF MISSING OR STOLEN MEDICAL MARIJUANA REGISTRATION CARD

*****MUST BE COMPLETED IN BLUE INK*****

Please return this report **with a copy of your ID** to:

Joel F. Wade, Fraud Prevention Officer
Department of Public Health and Environment
4300 Cherry Creek Drive South, HSVRD-VR-A1
Denver, CO 80246-1530

Name, address, and phone number of person completing this form:

Full Name: _____

Social Security Number: _____ Phone: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Card ID Number (if known): _____

About what date was the certificate missing or stolen: _____

Please write a brief statement about what happened to registration card.

Signed: _____ **Date:** _____

The Applicant's Signature has been subscribed and affirmed before me in the county of _____, State of Colorado, this _____ day of _____, 20____.

(Notary's Official Signature)

(Commission expiration date)

NOTICE: This form must be completed and reviewed by the Registry before a replacement card will be issued. The Serial Number of the Lost/Stolen registration card may be shared with appropriate government and law enforcement agencies in an effort to protect the Registrant, and the people of Colorado. Information is not released to the general public.