



Los Angeles County ♦ Department of Public Health
Environmental Health Division



Medical Marijuana Program
5050 Commerce Drive, Baldwin Park, CA 91706
Phone (866) 621-2204

Request to Invalidate

APPLICANT

I, _____, the applicant, request to have my medical marijuana identification card _____ invalidated due to the card being
(card number above)
lost, stolen, damaged or due to preference.

Check all that apply:

- I am returning my medical marijuana identification card.
- I am not able to return my medical marijuana identification card.
- I am returning my caregiver’s medical marijuana identification card.
- I am not able to return my caregiver’s medical marijuana identification card.
- Please invalidate my caregiver’s medical marijuana identification card.

Signature: _____ Date: _____

CAREGIVER

I, _____, the caregiver, request to have my medical marijuana identification card _____ invalidated due to the card being
(card number above)
lost, stolen, damaged or due to preference.

Check all that apply:

- I am returning my medical marijuana identification card.
- I am not able to return my medical marijuana identification card.

Signature: _____ Date: _____