

STATE OF NEVADA

BRIAN SANDOVAL
Governor

CODY L. PHINNEY, MPH
Administrator

RICHARD WHITLEY, MS
Director

JOHN DIMURO, D.O., MBA
Chief Medical Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA REGISTRY
4150 Technology Way Suite 106 · Carson City, NV 89706
Telephone: (775) 687-7594 · Fax (775) 684-3213

MEDICAL MARIJUANA REGISTRY CHANGE OF ADDRESS

Date: _____

_____ Cardholder

_____ Caregiver

Name: _____

Phone Number: _____

Old Physical Address:

Old Mailing Address: (if different than Physical Address)

New Physical Address:

New Mailing Address: (if different than Physical Address)

Names of other adults living in the new household:

Additional Comments:

Cardholder signature: _____

Please fax or mail this completed form with a copy of your Nevada Driver's License or Nevada Identification Card to:

Division of Public and Behavioral Health
Attn: MMR
4150 Technology Way, Suite 106
Carson City, NV 89706