

AFFIDAVIT OF "AUTHORITY"

STATE OF MINNESOTA)
)
COUNTY OF) SS
)
)

_____, being first duly sworn upon oath deposes and says as follows:

1. I am the _____ of _____,
(Title or Position of Local Authority)
State of Minnesota, which unit of government exercises the planning and zoning authority for the
land described herein, and constitutes the "Authority" as that term is defined under Minn. Stat.,
Section 473H.02, Subd. 4.

2. This affidavit is being executed and submitted on behalf of the Authority.

3. The tract of land in the County of _____, State of Minnesota,
legally described as (must be same as on page 1):

Parcel identification number: _____ Homestead or Non-homestead.
(Circle one)

Legal Description:

is, as of _____, 20____, designated as long term agricultural land and in accordance
with a resolution adopted by the Authority on _____, 20____, is certified and
eligible for designation as an agricultural preserve as provided under the provisions of Minn. Stat.,
Section 473H.04.

4. This affidavit is submitted at the request of _____ (Applicant)
for the purpose of making application for designation and creation of an agricultural preserve in
accordance with Minn. Stat., Chapter 473H.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling
651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

Dated _____, 20____

Signature: _____
_____ of _____
(Title or Position of Local Authority)

Subscribed and sworn to before me

this _____ day of _____, 20____

Signature of Notary Public

Commission Expires _____