

STATE OF MINNESOTA )  
 )  
COUNTY OF ) SS  
 )  
 )

AFFIDAVIT OF ELIGIBILITY

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

- I am the \_\_\_\_\_ of \_\_\_\_\_,  
*(Title or Position of Local Government)*  
State of Minnesota, which unit of government exercises the planning and/or zoning authority for the land described herein.
- This affidavit is being executed and submitted on behalf of the planning and/or zoning authority.
- 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 for exclusive long-term agricultural use and in accordance with an agricultural land preservation plan adopted by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_, and is eligible for designation as an agricultural preserve as provided under the provisions of Minn. Stat., Section 40A.09 effective \_\_\_\_\_, 20\_\_\_\_\_.

- 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 40A.

Dated \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
*(Title or Position of Local Government)*

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary*  
Commission Expires \_\_\_\_\_

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.