

**NOTICE BY AUTHORITY INITIATING EXPIRATION OF
METROPOLITAN AGRICULTURAL PRESERVE**

Pursuant to Minn. Stat. § 473H.08, subd. 3, the undersigned Authority hereby initiates expiration of the agricultural preserve and covenant identified herein. The date of expiration set forth herein is at least eight years after execution and notarization of this notice.

LOCAL AUTHORITY: _____ and _____
(if applicable)

1. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF RECORD FEE OWNER(S):
(Use this space only if applicable.)

Owner(s) are ("X" one):
 Individual(s)
 Legal Guardian
 Family Farm Corporation
 Other
(Specify): _____

2. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED BUYER(S) (VENDEES):
(Use this space only if applicable.)

3. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED SELLER(S) (VENDORS):
(Use this space only if applicable.)

4. TYPE OF PROPERTY ("X" one):
 Abstract
 Registered (*Torrens*)

5. COMPLETE LEGAL DESCRIPTION OF THE LAND. (*If Torrens property, use the description from the Certificate of Title, verbatim. If Abstract property, use the description from the abstract or deed, or get it from your county auditor. Use an additional sheet if extra space is needed. Be sure to state your parcel identification number and whether or not your property is homesteaded.*)

Parcel I.D. Number:

Homestead or Non-homestead.
(Circle one)

Legal Description:

6. TOTAL ACRES: _____

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.

