## TODD TOWNSHIP HUBBARD COUNTY STATE OF MINNESOTA

## AFFIDAVIT OF OWNER / AGENT FORM

STATE OF MINNESOTA) ) s.s. COUNTY OF HUBBARD)

I/We,		and	, property owner(s) of the
legally descri	bed property be	elow, do hereby authorize	, to act as my / our
Agent and to	negotiate and a	ddress all proceedings in relati	on to said application on my behalf.
<b>Property:</b> P	arcel Identifica	tion Number:	
Township	Range	, descril	bed as follows:

OWNER

OWNER

AGENT

ATTEST:

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Notary Public**