TODD TOWNSHIP HUBBARD COUNTY STATE OF MINNESOTA

AFFIDAVIT OF OWNER / AGENT FORM

STATE OF MINNESOTA)			
) ss. COUNTY OF HUBBARD)			
I/We,a	nd	, property owner(s	s) of the
legally described property below, do hereby authorize		, to act a	ıs my / our
Agent and to negotiate and address all proceed	edings in relation to sa	id application on my behal	lf. Applicant
agrees that all costs, charges, and decisions n	nade by the above Age	ent on behalf of the Applic	ant will be
paid by the Applicant. Should Applicant not	pay said costs and cha	rges, the Township reserve	es the right to
place them on their taxes for recovery pursua	ant to M.S. 366.012 an	d/or M.S. 429.101.	
Property: Parcel Identification Number:			
Township Range Section _	, described as fe	ollows:	
		OWNER	
		OWNER	
		AGENT	
ATTEST:			
Subscribed and Sworn to before me this _	day of	, 20	
Notary Public			