FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	TRENTON TELEPHONE COMPANY				
NAME	PAM T HIBBS				
TITLE	SEC/TREAS				
ADDRESS 1	183 FIRST STREET				
ADDRESS 2					
CITY	TRENTON	STATE G	GA	ZIP CODE	30752

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "AFFIANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE AFFIANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AND WILL COMPLY WITH THE REQUIREMENTS CONTAINED THEREIN.

THIS AFFIDAVIT SHALL CONSTITUTE THE PLAN FOR PROTECTION OF THE CONFIDENTIALITY OF FAMILY VIOLENCE SHELTERS REQUIRED BY COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AND O.C.G.A. § 46-5-7.

Pam T. Hibbs, Sec/Treas
SIGNATURE OF AFFIANT

1-10-2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
10 DAY OF JANUARY, 20 23.

NOTARY PUBLIC

(SEAL)

STATE OF GEORGIA NOTARY PUBLIC
ANTHONY C JONES
Dade County
My Commission Expires
May 2, 2023

ANTHONY C JONES NOTARY PUBLIC DADE COUNTY GA