FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Tri-County Service Center, Inc.				
NAME	Mark Lammert				
TITLE	Attorney-in-Fact				
ADDRESS 1	310 W. Clinton Street				
ADDRESS 2					
CITY	Gray	STATE	GA	ZIP CODE	31032

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.

SIGNATURE OF AFFIANT

2-10-23
DATE

SUBSCRIBED AND SWORN TO ME THIS

10 DAY OF February, 2023.

NOTARY PUBLIC

(SEAL)

SARAH ELIZABETH HOFMA
Notary Public - State of Florida
Commission # HH 062524
My Comm. Expires Nov 11, 2024
Bonded through National Notary Assn.