FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	Cherie Hames				
NAME	City of Cartersville				
TITLE	System Administrator				
ADDRESS 1	500 S. Tennessee Street				
ADDRESS 2	Suite 200				
CITY	Cartersville	STATE	GA	ZIP CODE	30120

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

2/24/2023
DATE

SUBSCRIBED AND SWORN TO ME THIS
24 DAY OF February, 2023.

Cheryl Jackson
NOTARY PUBLIC
exp 2/6/2025

(SEAL)

CHERYL JACKSON NOTARY PUBLIC BARTOW COUNTY, GEORGIA