FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	WOW! Internet, Cable and Phone				
NAME	Yoly Coffman				
TITLE	Manager Regulatory Compliance				
ADDRESS 1	6050 Knology Way				
ADDRESS 2					
CITY	Columbus	STATE	GA	ZIP CODE	31909

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.

Yoly Coffman
SIGNATURE OF AFFIANT

01/02.2025
DATE

SUBSCRIBED AND SWORN TO ME THIS
2nd DAY OF January, 2025.

Bobby Ann McCollough
NOTARY PUBLIC

Bobby Ann McCollough
(SEAL) NOTARY PUBLIC
TROUP COUNTY, GEORGIA
My Commission Expires
06/15/2028