FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
COMPANY	City Of Cartersville				
NAME	Ethan Lara				
TITLE	Fibercom Support Coordinator				
ADDRESS 1	500 S Tennessee St ste 200				
ADDRESS 2					
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

11/30/25
DATE

SUBSCRIBED AND SWORN TO ME THIS
30 DAY OF January, 2025.
Christal Powell
NOTARY PUBLIC

(SEAL)
CHRISTAL POWELL
NOTARY PUBLIC
MY COMMISSION EXPIRES
OCTOBER 31, 2026
BARTOW COUNTY, GEORGIA