

Georgia Public Service Commission

**244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701**

**FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT**

Pursuant to [Commission Rule 515-12-1-.37 Family Violence Shelter Confidentiality Protection](http://rules.sos.state.ga.us/GAC/515-12-1-.37?urlRedirected=yes&data=admin&lookingfor=515-12-1-.37), all telephone service and directory assistance providers must file an affidavit attesting to compliance with the rule upon certification and by January 31 of each odd-numbered year thereafter.

Please file the completed affidavit electronically at <https://psc.ga.gov/alternative-efile/>.

Questions regarding filing procedures should be directed to Ms. Sallie Tanner at (404) 463-7747 or stanner@psc.ga.gov.

Questions regarding the affidavit should be directed to Ms. Erica Wilson at (404) 651-9402 or ewilson@psc.ga.gov.

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| **FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT**

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| OFFICER OR ATTORNEY/ AGENT: |
| COMPANY |  |
| NAME |  |
| TITLE |  |
| ADDRESS 1 |  |
| ADDRESS 2 |  |
| CITY |  | STATE |  | ZIP CODE |  |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE |

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| SUBSCRIBED AND SWORN TO ME THIS\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTARY PUBLIC | (SEAL) |