GEORG DEPARTMENT OF COMMUNITY FAIRS
SERVICE DELIVERY STRATEGY For <u>Barrow county</u> Page 1
I. GENERAL INSTRUCTIONS
 Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
 List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
5. Complete one copy of the Summary of Land Use Agreements form (page 3).
6. Have the <i>Certifications</i> form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
7. Mail the completed forms along with any attachments to:
For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.
Atlanta, Georgia 30329 Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.
II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY: In this section, list all local governments (including cities located partially within the county) and
authorities that provide services included in the service delivery strategy.
Auburn Barrow County Barrow County Water and Sewerage Authority Bethlehem Braselton Carl
Statham Winder Winder-Barrow Airport Authority
III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY: For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.
Airport Authority Industrial Authority Library Services Natural Gas Planning & Development Public Safety: Animal Control E-911 EMS
Fire Departments Police Departments / County Marshal / Sheriff Recreation
Solid Waste Sewage Transportation: Road Maintenance
Water Supply



Instructions:

PAGE 2

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community County:

Barrow

Service: Airport Authority

- 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.)
 - Barrow County Airport Authority
- □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 UYes XNo

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Funding Method: Local Government or

Authority: Airport Authority	GENERAL FUND
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contacting Parties: Effective and Ending

	Dates:
Master Service Delivery Agreement	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: Keith Lee

Date completed: April 12, 1999 Phone number: <u>770-307-3115</u>

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🛛Yes XNo If not provide designated contact person(s) and phone number(s) below:

Chairman, Barrow County Board of Commissioners Barrow 770-307-3005

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PAGE 2

Instructions:

Make copies of this form and complete of names listed on page 1. Answer each que this service (listed at the bottom of Affairs.	one for each service listed on page 1, Section III. estion below, attaching additional pages as necessa f the page) changes, this should be reported to	Use exactly the same service ary. If the contact person for the Department of Community									
County: Barrow	Service: Industrial A	uthority									
by a single service provider or organized providing the s	ibes the agreed upon delivery arrangement for this service: y-wide (i.e., including all cities and unincorporated areas)										
 organization providing the s One or more cities will prov and the service will not be 	 Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated prove (If this boundaries) 										
 One or more cities will provand the county will provide checked, identify the governm Other. (If this box is check service provide, and identif 	 One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) 										
duplication of this service											
the arrangement (1.e., overlapp)	ue under the strategy, attach an explana ing but higher levels of service (See O. ication, or reasons that overlapping ser d).	C G A 36-70-24(1))									
If these conditions will be elim listing each step or action that the agreed upon deadline for con	minated under the strategy, attach an im t will be taken to eliminate them, the r mpleting it.	plementation schedule esponsible party and									
the service will be funded (ority that will help to pay for this ser e.g., enterprise funds, user fees, gener otel/motel taxes, franchise taxes, impac	al funds, special									
Local Government or Funding Authority: Industrial Authority COUNTY	Method: GENERAL FUND										
	the previous arrangements for providing	and/or funding this									
5. List any formal service delivused to implement the strated	very agreements or intergovernmental con gy for this service:	tracts that will be									
Agreement Name:	Contacting Parties:	Effective and Ending Dates:									
Master Service Delivery Agreement											
Contract for Services	Industrial Authority and Barrow County	Yearly									
Contract for Services	Industrial Authority and Bethlehem	Yearly									
Contract for Services	Industrial Authority and Statham	Yearly									
Contract for Services	Industrial Authority and Winder	Yearly									
	y) will be used to implement the strateg ns, local acts of the General Assembly, ke effect?										
None											
7. Person completing form: Ke	eith Lee										
Phone number: <u>770-307-3115</u>	Date completed: April 12, 1	<u>999</u>									
- -	consistent with t strategy? □Yes	valuating whether vernment projects are he service delivery ⊠No									
If not provide designated contac Chairman, Barrow County Board of Mayor, Town of Bethlehem Mayor, City of Statham City Administrator, City of Wind	Bethlehem 770–8 Statham 770–7	07-3005 67-0702 25-5455 67-3106									



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community

Instructions:

PAGE 2

County: Barrow Service: Library Services 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.) Piedmont Regional Library Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or ΣNo If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.) Local Government or Funding Method: Authority: Barrow County GENERAL FUND City of Auburn GRANT City of Braselton GENERAL FUND Town of Bethlehem GENERAL FUND Town of Carl GENERAL FUND City of Statham GENERAL FUND City of Winder GENERAL FUND How will the strategy change the previous arrangements for providing and/or funding this 4. service within the county? No change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contacting Parties: Effective and Ending Dates: Master Service Delivery Agreement Piedmont Regional Library System and Barrow County, Auburn, Bethlehem, Carl, Statham, Winder Yearly Budget Cycles Public Library Services in Barrow County What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, 6. etc.), and when will they take effect? None <u>Keith Lee</u> 7. Person completing form: Date completed: April 12, 1999 Phone number: <u>770-307-3115</u> 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🛛 Yes If not provide designated contact person(s) and phone number(s) below: 770-963-4002 Auburn Mayor, City of Auburn 770-307-3005 Chairman, Barrow County Board of Commissioners Barrow 770-867-0702 Bethlehem Mayor, Town of Bethlehem 770-867-1308 Mayor, Town of Carl Carl Statham 770-725-5455 Mayor, City of Statham 770-867-3106 City Administrator, City of Winder Winder

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Instructions:	SUMMARY OF	RVICE DELIVERY STRATE Service Delivery Arrangeme	ENTS PAGE 2
Make copies of this form and on names listed on page 1. Answer this service (listed at the Affairs.	complete one for each c each question below, bottom of the page)	service listed on page 1, Sectic , attaching additional pages as n changes, this should be report	n III. Use exactly the same service ecessary. If the contact person for ed to the Department of Community
County: Barrow		Service: Natural	Gas
1. Check the box that l	pest describes th	e agreed upon delivery ar	rangement for this service:
Service will be prov:	ided county-wide	(i.e., including all citie	
Service will be proviservice provider. (If organization providir)	LILIS DOX IS CHE	unincorporated portion of cked, identify the governm	the county by a single ment, authority or
and the service will	not be provided	service only within their in unincorporated areas. or organization providing	Tf this has in sharps 1
and the county will p	provide the servid	service only within their ce in unincorporated areas or organization providing	(Tf this have is sharked
Other. (If this box i service provide, and provide service withi	identify the gove	ernment, authority, or oth	g the service area of each er organization that will
 In developing the str and/or duplication of 	ategy, were over this service ide	lapping service areas, unn entified? 🖾Yes 🖾No	ecessary competition
the arrangement (i.e., o	verlapping but hi he duplication, c	the strategy, attach an ex igher levels of service (S or reasons that overlappin	ee O.C.G.A. 36-70-24(1)).
If these conditions will listing each step or act the agreed upon deadline	ion that will be	taken to eliminate them,	an implementation schedule the responsible party and
the service will be f	unded (e.g., ente	will help to pay for thi erprise funds, user fees, taxes, franchise taxes,	s service and indicate how general funds, special impact fees, bonded
Local Government or Authority:	Funding Method:		
Atlanta Gas & Light	User Fees		
City of Buford	User Fees		
City of Winder	User Fees		
_	change the previ unty?	ous arrangements for prov	iding and/or funding this
No change			
5. List any formal servi used to implement the		ements or intergovernmenta s service:	l contracts that will be
Agreement Name:	Contacting	Parties:	Effective and Ending Dates:
Master Service Delivery Agre	ement		
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	solutions, local	e used to implement the st acts of the General Assem	
None			
7. Person completing fo	rm: <u>Keith Lee</u>		
Phone number: 770-30		Date completed: April	12, 1999
		acted by state agencies w proposed loc	hen evaluating whether al government projects are ith the service delivery
If not provide designate City Administrator, City		(s) and phone number(s) be Winder 770-867-3106	



•	Instructions:	SERVICE DELIVER SUMMARY OF SERVICE DELIVER		Page 2								
			page 1, Section III. Use exactly the same s nal pages as necessary. If the contact pers uld be reported to the Department of Com									
	County: Barrow	Service	: Planning & Development									
	1. Check the box that h	est describes the agreed upon d	elivery arrangement for this servi	ice:								
	or organized providin Service will be provi	rovider. (If this box is checke g the service.) ded only in the unincorporated	g all cities and unincorporated ar d, identify the government, author portion of the county by a single	reas) rity								
	organization providin			_								
	and the service will identify the governme I One or more cities wi and the county will p identify the governme	 One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each 										
Ì	service provide, and provide service withi	identify the government, author	ity, or other organization that wi	.11								
	2. In developing the str duplication of this s		areas, unnecessary competition an No	ıd/or								
	the arrangement (i.e., o	verlapping but higher levels of ne duplication, or reasons that	ttach an explanation for continuin service (See O.C.G.A. 36-70-24(1) overlapping service areas or	lg),								
	If these conditions will listing each step or act the agreed upon deadline	ion that will be taken to elimin	gy, attach an implementation sched nate them, the responsible party a	ule nd								
	the service will be f	or authority that will help to punded (e.g., enterprise funds, while house, hotel/motel taxes, franch	pay for this service and indicate user fees, general funds, special ise taxes, impact fees, bonded	how								
	Local Government or Authority:	Funding Method:										
l	Barrow County	General Fund & User Fees	· · · · · · · · · · · · · · · · · · ·									
	City of Auburn	General Fund & User Fees & Gran	Grants									
	Town of Bethlehem	General Fund										
l	Town of Braselton	General Fund & User Fees										
l	Town of Carl	General Fund										
l	City of Statham	General Fund & User Fees										
l	City of Winder	General Fund										
		change the previous arrangement	ts for providing and/or funding th	is								
	used to implement the	strategy for this service:	governmental contracts that will b									
	Agreement Name:	Contacting Parties:	Effective and Ending Dates									
l	Master Service Delivery Agre											
I	Contract for Governmental Se											
	<pre>(e.g., ordinances, re etc.), and when will</pre>	solutions, local acts of the Ger	ment the strategy for this service neral Assembly, rate or fee change									
	None 7. Person completing fo											
	Phone number: <u>770-30</u>											
	8. Is this the person w		agencies when evaluating whether roposed local government projects onsistent with the service deliver trategy? □Yes ⊠No									
	-	l contact person(s) and phone n										
	Mayor, City of Braselton		raselton 706-654-3915 uburn 770-963-4002									
ļ	Mayor, City of Auburn Chairman, Barrow County	Board of Commissioners Ba	arrow 770-307-3005									
	Mayor, Town of Bethlehem	Be	ethlehem 770-867-0702									
	Mayor, Town of Carl		arl 770-867-1308									
	Mayor, Town of Carl Mayor, City of Statham City Administrator, City	S	arl 770-867-1308 tatham 770-725-5455 inder 770-867-3106									

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Instructions:	SUMMARY OF	RVICE DELIVERY STRATEG SERVICE DELIVERY ARRANGEMEN	Y TS PAGE 2
this service (listed at the Affairs.	complete one for each c each question below bottom of the page)	service listed on page 1, Section , attaching additional pages as new changes, this should be reported	III. Use exactly the same service cessary. If the contact person for d to the Department of Community
County: Barrow		Service: Public	Safety: Animal Control
1. Check the box that h	pest describes th	ne agreed upon delivery arra	ingement for this service:
authority or organize Barrow County	ed providing the		entify the government,
service provider. (If organization providir	t this dox is che	unincorporated portion of t cked, identify the governme	he county by a single nt, authority or
and the service will	not be provided	service only within their i in unincorporated areas. (I or organization providing	f this how is shooled
checked, identify the	government(s), a	service only within their i ce in unincorporated areas. uthority or organization pr	(If this box is oviding the service.)
Other. (If this box i service provide, and provide service withi	identify the gov	h a legible map delineating ernment, authority, or othe rea.)	the service area of each r organization that will
and/or duplication of	this service id		_
the arrangement (i.e., o	verlapping but h he duplication,	the strategy, attach an exp igher levels of service (Se or reasons that overlapping	e O.C.G.A. 36-70-24(1)).
If these conditions will listing each step or act the agreed upon deadline	ion that will be	nder the strategy, attach a taken to eliminate them, t it.	n implementation schedule he responsible party and
the service will be f	unded (e.g., ent	t will help to pay for this erprise funds, user fees, ge l taxes, franchise taxes, in	eneral funds, special
Local Government or Authority:	Funding Method:		
Barrow County	General funds		
4. How will the strategy service within the co		ious arrangements for provid	ding and/or funding this
No change			
 List any formal servi used to implement the 		ements or intergovernmental is service:	contracts that will be
Agreement Name:	Contacting	Parties:	Effective and Ending Dates:
Master Service Delivery Agre	ement		
	solutions, local	e used to implement the stra acts of the General Assemb ?	
Animal Control Ordinance	- Currently in y	place	
7. Person completing fo	rm: Keith Lee		
Phone number: 770-30			oril 12, 1999
8. Is this the person w	ho should be con		l government projects are th the service delivery
If not provide designate Chairman, Barrow County		(s) and phone number(s) belo	

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nan thi	te copies of this form and content tes listed on page 1. Answer as service (listed at the l airs.	each mest	ion below, attach	ing additional pa	VICEBBOOOR DC BODE	of the contract nergen for						
Co	unty: Barrow			Service:	Public Safety:	E-911						
1.	Check the box that b	est desci	tibes the agre	ed upon deliv	very arrangement	for this service:						
X	Service will be provi areas) by a single se authority or organize <u>Barrow County</u>	rvice pro	ovider. (If th	is box is che	ll cities and un acked, identify	incorporated the government,						
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)											
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)											
	One or more cities wi and the county will p identify the governme	rovide th	e service in	unincorporate	d areas. (If th	is box is checked.						
	Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)											
2.	In developing the str and/or duplication of				as, unnecessary	competition						
the ove	these conditions will e arrangement (i.e., o erriding benefits of t mpetition cannot be el	verlappin he duplic	g but higher ation, or rea	levels of ser	vice (See 0.C.G	.A. 36-70-24(1)),						
1 i \$	these conditions will sting each step or act agreed upon deadline	ion that	will be taken									
3.	List each government the service will be f service district reve indebtedness, etc.)	unded (e.	g., enterpris	e funds, user	fees, general	funds, special						
	ocal Government or uthority:	Funding Me	thod:									
E	arrow County	General	funds									
F				· · · · · · · · · · · · · · · · · · ·								
4.	How will the strategy service within the co		he previous a	crangements f	or providing an	d/or funding this						
No	change											
5.	List any formal service used to implement the	ce delive strategy	ry agreements for this serv	or intergove vice:								
A	greement Name:	c	Contacting Parties	3:	Effectiv	ve and Ending Dates:						
М	aster Service Delivery Agre	ement										
6.	What other mechanisms (e.g., ordinances, reetc.), and when will	solutions	, local acts of	to implement of the Genera	the strategy f l Assembly, rat	or this service e or fee changes,						
Nor		rm. Vei	th Lee									
	Person completing for		th Lee Date	completed	April 12, 1999							
	one number: <u>770-30</u> Is this the person w			completed:								
8.	is this the person W			propo consi	sed local gover	nment projects are service delivery						

If not provide designated contact person(s) and phone number(s) below:

Chairman, Barrow County Board of Commissioners

Barrow 770-307-3005

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	ST	RVICE DELIVER		
Turkenski	SUMMARY OF	SERVICE DELIVER	Y ARRANGEMENTS	Page 2
Instructions:				
Make copies of this form and a names listed on page 1. Answer this service (listed at the Affairs.	complete one for each r each question below bottom of the page)	service listed on p , attaching addition changes, this show	age 1, Section III. Use e a1 pages as necessary. If 11d be reported to the D	xactly the same service the contact person for Department of Community
County: Barrow		Service		EMS
1. Check the box that	best describes t)	he agreed upon d	elivery arrangement	for this service:
 Service will be prov areas) by a single se authority or organize <u>Barrow County</u> Service will be prov 	ervice provider. ed providing the	(If this box is service.)	checked, identify t	he government,
service provider. (I organization providin	I THIS DOX IS CHE	ecked, identify	the government, auth	y by a single ority or
One or more cities way and the service will identify the government	not be provided	in unincorporate	ed areas. (If this b	ov is checked
One or more cities way and the county will p checked, identify the	provide the servi	ce in unincorno	rated areas (If this	a how is
Other. (If this box is service provide, and provide service within	identify the gov	ernment, authori	delineating the ser ity, or other organi:	vice area of each zation that will
 In developing the str and/or duplication of 	categy, were over E this s e rvice id	lapping service	areas, unnecessary o	competition
If these conditions will the arrangement (i.e., o overriding benefits of t competition cannot be el	overlapping but h the duplication,	igher levels of	service (See O.C.G.)	36-70-24(1)
If these conditions will listing each step or act the agreed upon deadline	ion that will be	taken to elimir	yy, attach an impleme hate them, the respon	entation schedule sible party and
 List each government the service will be f service district reve indebtedness, etc.) 	funded (e.g., ent enues, hotel/mote	erprise funds, u	iser fees, general fi	inds, special
Local Government or Authority:	Funding Method:			
Barrow County	General funds			
 How will the strategy service within the co No change 		ious arrangement	s for providing an d /	or funding this
-				
 List any formal servi used to implement the Agreement Name: 	e strategy for th	em e nts or interg is service: g Parties:		s that will be and Ending Dates:
Master Service Delivery Agre				
 What other mechanisms (e.g., ordinances, re etc.), and when will 	solutions, local	acts of the Gen		
None				
7. Person completing fo	orm: Keith Lee			
	<u></u>	Date completed	: April 12, 1999	
8. Is this the person w	ho should be con	pr	agencies when evalua oposed local governm nsistent with the se rategy? D Yes X No	ent projects are ervice delivery
If not provide designate Chairman, Barrow County		(s) and phone nu	mber(s) below:	770-307-3005

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		<u> </u>)	\mathbf{O}						
			SERVICE DELT	VERY STRATEGY						
	structions:		UMMARY OF SERVICE DELI	VERY ARRANGEMENTS PAGE 2						
Ma) nan thi Aff	te copies of this form and control of the second se	complete o each que bottom of	ne for each service listed stion below, attaching addited to the service of the s	on page 1, Section III. Use exactly the same service ional pages as necessary. If the contact person for should be reported to the Department of Community						
	unty: Barrow		Serv							
				a delivery arrangement for this service:						
٥	Service will be provi areas) by a single se authority or organize	rvrce D	rovider, (it this how	ding all cities and unincorporated is checked, identify the government,						
	Service will be provi service provider. (If organization providin	this b	OX 18 Checked, identif	ed portion of the county by a single by the government, authority or						
0	and the service will	not be	Drovided in unincorpor	within their incorporated boundaries, ated areas. (If this box is checked, ion providing the service.)						
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)									
X	Other. (If this box i service provide , and provide service withi	identif	y the government, auth	ap delineating the service area of each ority, or other organization that will						
2.	In developing the str and/or duplication of	ategy, this se	were overlapping servi ervice identified? 🏾 Y	ce areas, unnecessary competition es 🛛 🖾 No						
the ove	arrangement (i.e., o	verlapp: he dupl:	ing but higher levels ication, or r e asons th	attach an explanation for continuing of service (See O.C.G.A. 36-70-24(1)), at overlapping service areas or						
lis	these conditions will sting each step or act agreed upon deadline	ion that	t will be taken to eli	tegy, attach an implementation schedule minate them, the responsible party and						
3.	the service will be fi	unded (e	e.g., enterprise funds	o pay for this service and indicate how , user fees, general funds, special chise taxes, impact fees, bonded						
	ocal Government or uthority:	Funding	Method:							
В	arrow County	Fire Ta	ax & General Fund							
C	ity of Winder	Fire Ta	ax & General Fund							
4.	How will the strategy service within the con		the previous arrangem	ents for providing and/or funding this						
No	change									
5.	List any formal servioused to implement the			ergovernmental contracts that will be						
A	greement Name:		Contacting Parties:	Effective and Ending Dates:						
M	aster Service Delivery Agre	ement								
	esolution of the Board of ommissioners of Barrow Coun	ty	Barrow County & Winder	Effective - 1997 Ending - Indefinite						
	ire/Services Contract for t inder Fire District	he	Barrow County & Winder	Effective - 1997 Ending - 1 year; automatically renewed yearly Page 4 Section 10						

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Keith Lee</u>

Phone number: <u>770-307-3115</u> Date completed: <u>April 12, 1999</u>

8.	Is t	his	the	person	who	should	be	contacted	by	state	agencies	when	evalua	ting	whether	
				-						pı	roposed 1	ocal	governm	ent p	projects	are
										c	onsistent	with	the se	rvice	e delive	ry
										st	trategy?	□Yes	X No			

If not provide designated contact	person(s) and	phone number(s) below:	
Chairman, Barrow County Board of	Commissioners	Barrow Commission Chairman	770-307-3115
City Administrator		City of Winder	770-867-3106



PAGE 2

Instructions:

Mayor, Town of Carl

Mayor, City of Statham

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community County: Barrow Service: Public Safety: Police Department / County Marshal / Sheriff 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) • One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) I One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □Yes **X**No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.) Local Government or Authority: Funding Method: General Fund / Grant / Fines / Forfeitures Barrow County City of Auburn General Fund / Grant / Fines Town of Bethlehem General Fund Town of Braselton General Fund Town of Carl General Fund City of Statham General Fund City of Winder General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contacting Parties: Effective and Ending Dates: Master Service Delivery Agreement What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, 6. etc.), and when will they take effect? None 7. Person completing form: Keith Lee Phone number: <u>770-307-3115</u> Date completed: April 12, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **D**Yes **X**No If not provide designated contact person(s) and phone number(s) below: Chairman, Barrow County Board of Commissioners Barrow 770-307-3005 Mayor, City of Auburn Auburn 770-963-4002 Mayor, Town of Bethlehem 770-867-0702 Bethlehem Mayor, Town of Braselton Braselton 706-654-3915

770-867-1308

770-725-5455

Carl

Statham

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 \cap

Instructions:

Make copies of this form and c names listed on page 1. Answer	complete one for each serv each question below, atta	ice listed on page 1, Section	n III. Use exactly the same service ecessary. If the contact person for
this service (listed at the Affairs.	bottom of the page) chan	ges, this should be report.	ecessary. If the contact person for ed to the Department of Community
County: Barrow		Service: Recreati	on
1. Check the box that h	pest describes the ag	reed upon delivery arr	angement for this service:
Service will be provi areas) by a single se authority or organize	TATCE DIDAIDEL ' III	THIS DOX 19 CHACKAG 1	es and unincorporated dentify the government,
Service will be provi service provider. (If organization providing)	. this dox is checked	corporated portion of , identify the governm	the county by a single ent, authority or
and the service will	not be provided in 11	ice only within their nincorporated areas. (organization providing	incorporated boundaries, If this box is checked, the service.)
and the county will p	rovide the service i	ice only within their n unincorporated areas organization providing	<pre>incorporated boundaries, . (If this box is checked, the service.)</pre>
Other. (If this box i service provide, and provide service withi	identify the governm	ent, authority, or oth	g t he service area of each er organization that will
2. In developing the str and/or duplication of	ategy, were overlapp this service identi	ing service areas, unn fied? 🛛Yes 🖾No	ecessary competition
If these conditions will the arrangement (i.e., o overriding benefits of t competition cannot be el	verlapping but highe: he duplication, or re	r levels of service (Se	<pre>planation for continuing ee 0.C.G.A. 36-70-24(1)), g service areas or</pre>
If these conditions will listing each step or act the agreed upon deadline	ion that will be take	the strategy, attach a strategy, and the strategy, a	an implementation schedule the responsible party and
3. List each government of the service will be fi	or authority that will unded (e.g., enterpri	ll help to pay for this ise funds, user fees, o kes, franchise taxes, i	s service and indicate how general funds, special impact fees, bonded
Local Government or Authority:	Funding Method:		·
Barrow County	General Fund & User	Fees	
City of Auburn	General Fund & User	Fees & Grant	
Town of Carl	General Fund		
4. How will the strategy service within the con		arrangements for prov	iding and/or funding this
No change			
5. List any formal servic used to implement the			l contracts that will be
Agreement Name:	Contacting Part		Effective and Ending Dates:
Master Service Delivery Agree	ement		
· ·			
6. What other mechanisms (e.g., ordinances, res etc.), and when will	solutions, local acts		rategy for this service oly, rate or fee changes,
None			
7. Person completing for			
Phone number: 770-30			April 12, 1999
8. Is this the person where the person w	no snould be contacte	proposed loca	al government projects are ith the service delivery
If not provide designated	d contact person(s) a	-	
Mayor, City of Auburn Chairman, Barrow County D	Board of Commissioner	Auburn rs Barrow	770-963-4200 770-867-3005
Mayor, Town of Carl		Carl	770-867-1308

C

Instructions:

Local Government or

Mayor, City of Statham

City Administrator, City of Winder

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Barrow Service: Solid Waste

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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- Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □Yes 🖾No

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Funding Method:

Authority: Barrow County **User** Fees City of Auburn User Fees Town of Bethlehem General Fund Town of Braselton General Fund Town of Carl General Fund City of Statham **User Fees** City of Winder User Fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contacting Parties: Effective and Ending Dates: Master Service Delivery Agreement What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, 6. etc.), and when will they take effect? None 7. Person completing form: Keith Lee ` <u>770-307-3115</u> Date completed: <u>April 12, 1999</u> Phone number: 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🛛 Yes **X**No If not provide designated contact person(s) and phone number(s) below: Auburn 770-963-4002 Mayor, City of Auburn Chairman, Barrow County Board of Commissioners Barrow 770-307-3005 Bethlehem 770-867-0702 Mayor, Town of Bethlehem Mayor, Town of Braselton 706-654-3915 Braselton 770-867-1308 Mayor, Town of Carl Carl

Statham

Winder

770-725-5455

770-867-3106



Service: Sewage

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community

County: Barrow

(

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- I Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? 🛛 Yes XNO

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

Barrow County	User Fees and General Fund
Town of Braselton	User Fees
City of Statham	User Fees
City of Winder	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Contacting Parties: Agreement Name:

Effective and Ending Dates:

PAGE 2

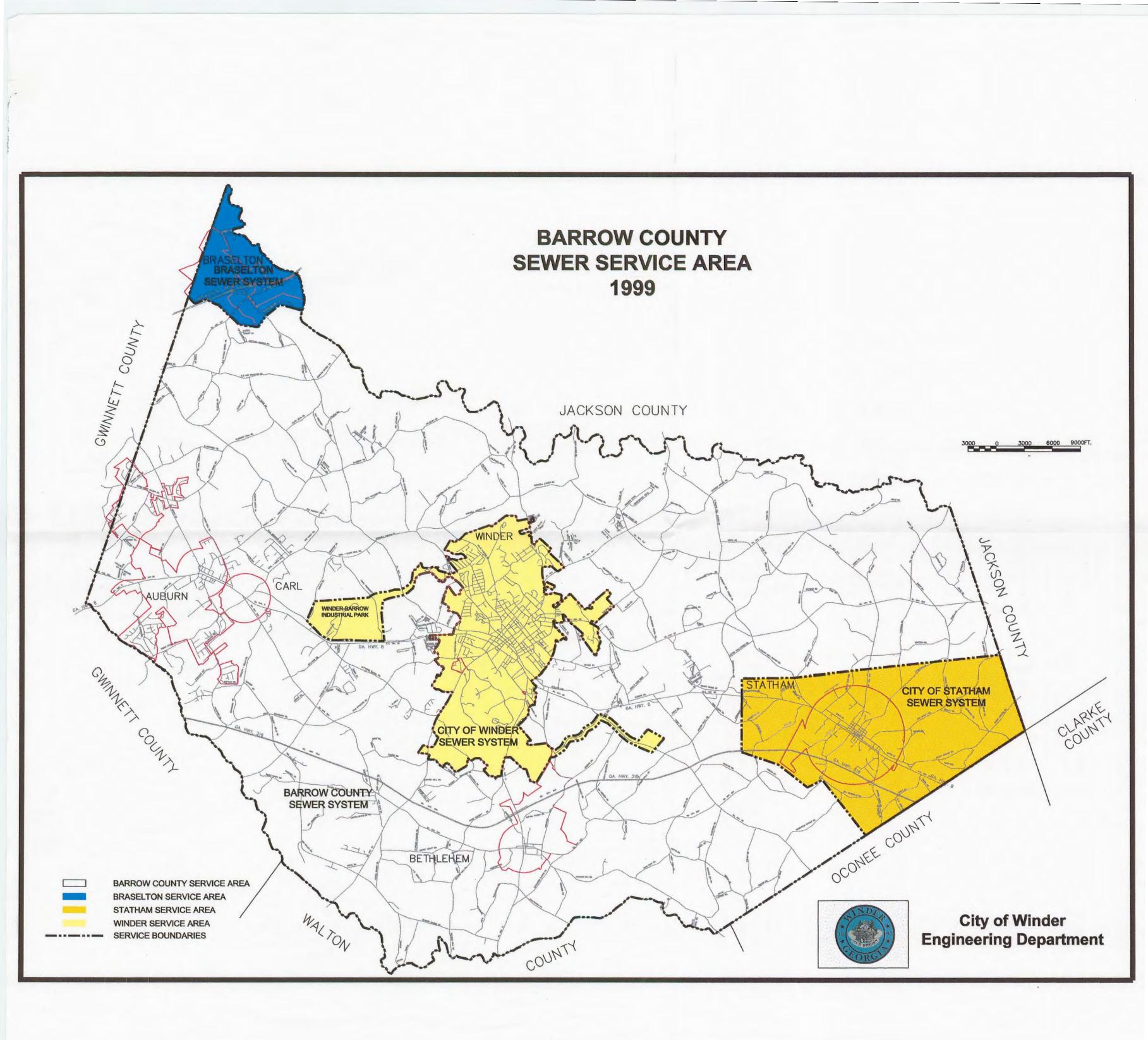
Master Service Delivery Agreement

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: Keith Lee

Phone number:	<u>770-307-3115</u>	Date	completed:	<u>pril 12, 1999</u>	
8. Is this the	person who should	be contacted	propose consist	ties when evaluatined local government ent with the serving? □Yes ☑No	: projects are
If not provide d	lesignated contact	person(s) and	phone number	(s) below:	
	County Board of (Barrow	770-307-3005	
Mayor, Town of H			Braselt	on 706-654-3915	
Mayor, City of S	Statham		Statham	n 770-725-5455	
	or, City of Winder	r	Winder	770-867-3106	





PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service: Transportation: Road Maintenance County: Barrow 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.) $\hfill\square$ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □Yes 🖾No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness. etc.)

Local Government or Authority:	Funding Method:
Barrow County	S.P.L.O.S.T. & General Fund
City of Auburn	S.P.L.O.S.T.
Town of Braselton	S.P.L.O.S.T.
Town of Bethlehem	S.P.L.O.S.T. & General Fund
Town of Carl	S.P.L.O.S.T. & General Fund
City of Statham	S.P.L.O.S.T.
City of Winder	S.P.L.O.S.T. & General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No. alternative strategy change the previous arrangements for providing and/or funding this

No change

Agreement Name:

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Contacting Parties:

Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: Keith Lee

Master Service Delivery Agreement

Phone number:	<u>770-307-3115</u>	Date comp	leted: Apr:	<u>il 12, 1999</u>	
8. Is this the	person who should	be contacted by s	proposed	s when evaluating whether local government projects are t with the service delivery □Yes ⊠No	э
Mayor, City of			Auburn	770-963-4002	
	w County Board of C	ommissioners	Barrow	770-307-3005	
Mayor, Town of	Bethlehem		Bethlehem	770-867-0702	
Mayor, Town of	Braselton		Braselton	706-654-3915	
Mayor, Town of	Carl		Carl	770-867-1308	
Mayor, City of			Statham	770-725-5455	
	tor, City of Winder		Winder	770-867-3106	



Instructions:

County:

Barrow

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

Service: Water 1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.)
- □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- I Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or XNo

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Funding Method:

Authority:	
BCW&SA	User Fees
City of Auburn	User Fees & Grants
Town of Braselton	User Fees
City of Statham	User Fees
City of Winder	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

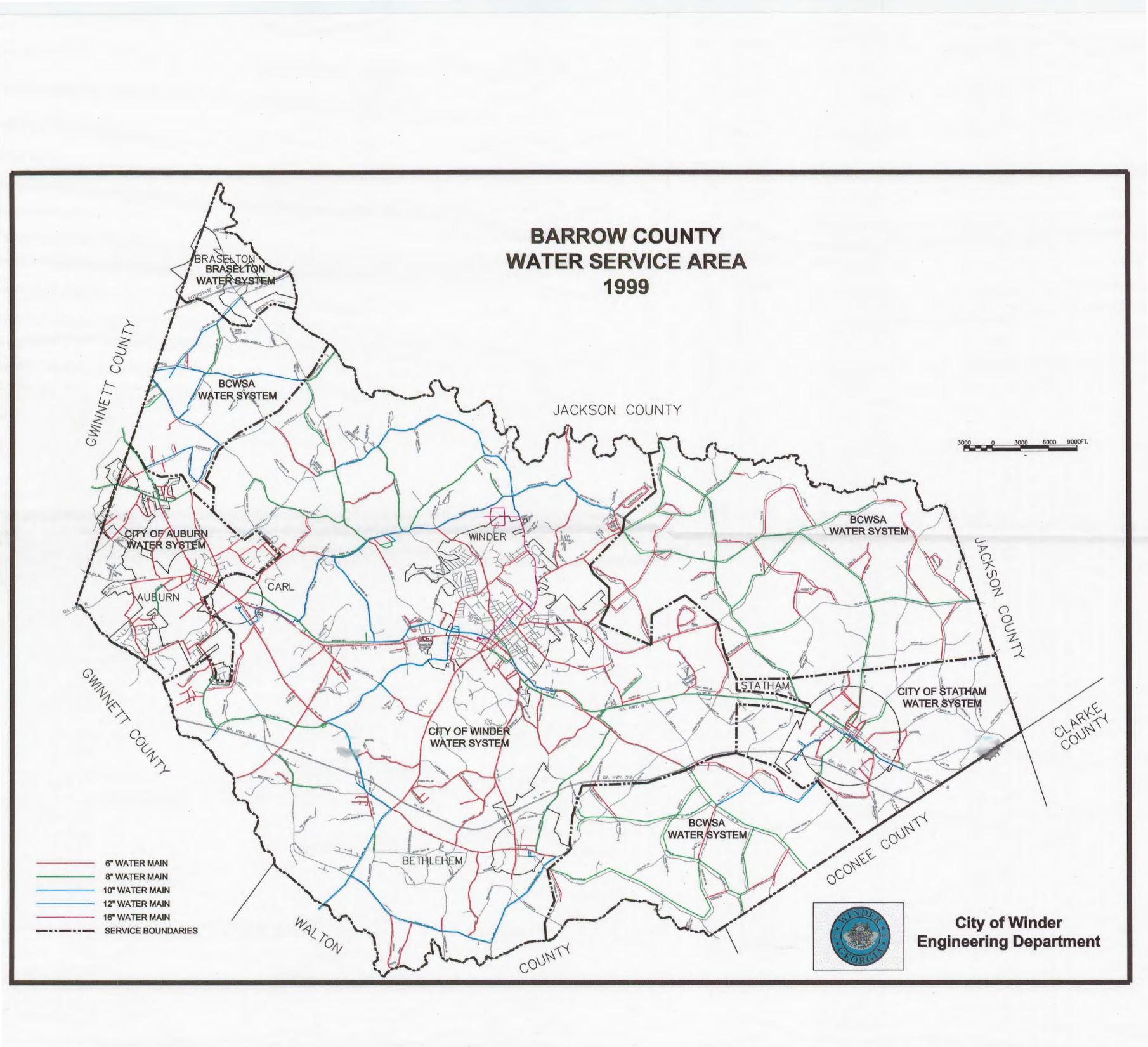
Agreement Name: Contacting Parties: Effective and Ending Dates: Master Service Delivery Agreement BCW&SA and Winder Effective 1-1-1996 Water Supply and Sale Agreement Ending 12-31-2000 Effective 5-14-1991 BCW&SA and Statham Water Supply Agreement Ending 5-14-2031 Effective 12-6-1995 Wholesale Water Contract BCW&SA and Gwinnett Ending 12-6-2005

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

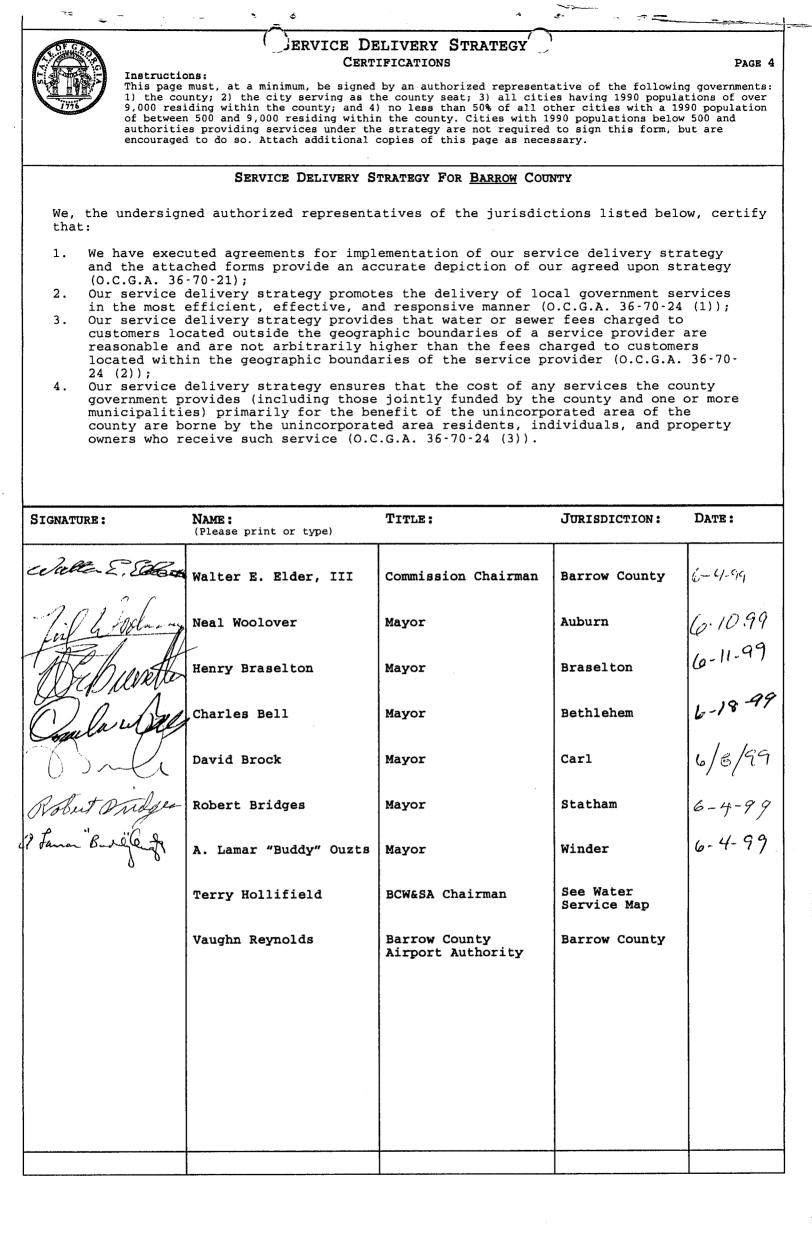
None

Person completing form: Keith Lee 7.

Phone number:	<u>770-307-3115</u>	Date comp	leted: Apr:	<u>il 12, 1999</u>
8. Is this the	person who should	be contacted by st	proposed :	s when evaluating whether local government projects are t with the service delivery □Yes ⊠No
Mayor, Town of Mayor, City of Chairman, Barro Mayor, City of	Auburn w County Board of (Commissioners	ne number(s) Braselton Auburn Barrow Statham Winder	



C			s
	JMMARY OF LA	ELIVERY STRATEGY AND USE AGREEMENTS	PAGE 3
1775	changes to the answers provided will re	equire updating of the s	es as necessary. Please note that any ervice delivery strategy. If the contac changes, this should be reported to the
County:		·	
 What in identified 	compatibilities or conflicts bet in the process of developing the	ween the land use p service delivery s	plans of local governments were strategy?
during the adopted a j	ibilities or conflicts between 1 development of the service deliv oint Comprehensive Plan in 1992. joint Comprehensive Plan.	ery strategy. Barı	cow County and each municipality
			•
2. Check th	e boxes indicating how these inc	compatibilities or c	conflicts were addressed: N/A
		etc., have not yet be	ry plan amendments, regulations, ordinances, en formally adopted, indicate when each of the nments will adopt them.
If "other m	 amendments to existing compr adoption of joint comprehens other measures (amend zoning add environmental regulation easures" was checked, describe t 	ive plan ordinances, s, etc.)	
the proposed resolution p The County a 1) The City classifie	ze the process that will be used d land use classification(s) for process will vary for different and each City has adopted the sa will notify the County in writi cation. ty must notify the City of objec	areas to be annexe cities in the count me process. ng of proposed anne	ed into a city. If the conflict cy, summarize each process. exation and zoning
to the p 3) If the Co either ag	roposed annexation or zoning cla ounty objects the City must resp greeing to the County's stipulat ; initiating a thirty day maximu	ssification. ond in writing to t ions; stopping the	the County within 30 days by annexation; seeking court
(and water a will be cons Barrow Count plan. Also between 90 a providers of joint land a	licies, procedures and/or proces and sewer authorities) to ensure sistent with all applicable land ty and the municipalities within , the water and sewer services h and 95 percent of Barrow County f Barrow County also have pre-es use plan for the entire county. s to water or sewer must be requ	that new extraterr use plans and ordi the County Limits ave pre-established has access to a pub tablished territori Any new extraterri	itorial water and sewer service nances? have adopted a joint land use territories. Furthermore, lic water system. The sewage es and operate under the same torial extensions or
5. Person o	completing form: <u>Keith Lee</u>		
Phone number 6. Is this	r: <u>770-307-3115</u> the person who should be contac	pr pr	
			risdictions? D Yes XNo
Mayor, City Chairman, Ba Mayor, Town Mayor, City Mayor, Town Mayor, City	arrow County Board of Commission of Bethlehem of Braselton of Carl	Auburn	770-963-4002 770-307-3005 m 770-867-0702 m 706-654-3915 770-867-1308



Per instruction by the Department of Community Affairs, Barrow County and the same cities required to adopt the Service Delivery Strategy are requesting the July 1 deadline to be extended for 120 (one hundred and twenty) days.

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C.

SIGNATURE:	NAME:	TITLE:	JURISDICTION:	DATE:
Water S. Set	Walter E. Elder, III	Commission Chairman	Barrow County	Le-18.99
full form	Neal Woolover	Mayor	Auburn	6.10.99
A Darte	Henry Braselton	Mayor	Braselton	6-11-99
Conclaw All	Charles Bell	Mayor	Bethlehem	6-18.29
J.	David Brock	Mayor	Carl	6.10.99 6-11-99 6-18.29 6/.6/99 6-4-99
Notur Anilge	_Robert Bridges A. Lamar "Buddy" Ouzts	Mayor	Statham	16 - 4 - 9 9
a Fara Sudaj Rizh	A. Lamar "Buddy" Ouzts	Mayor	Winder	6-4-99
	Terry Hollifield	BCW&SA Chairman	See Water Service Map	
	Vaughn Reynolds	Barrow County Airport Authority	Barrow County	
		:		