



SERVICE DELIVERY STRATEGY

for

CITY OF BARNESVILLE

CITY OF MILNER

TOWN OF ALDORA

LAMAR COUNTY

August, 1999

Venified by Des

Part I - Local Governments and Services
Part II - Summary of Service Delivery Arrangements
Part III - Summary of Land Use Agreements
Part IV - Certifications
ATTACHMENT
Service Delivery Agreement

PART I

LOCAL GOVERNMENTS AND SERVICES

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR.

Lamar

COUNTY

7

PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. 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.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 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 *Certifications* 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:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

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.

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.

City of Barnesville City of Milner Town of Aldora Lamar County

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.

Fire Protection
Ambulance/Emergency Medical
Sewer Treatment/Collection
Water Treatment/Distribution
Library

Zoning/Codo Enforcement Animal Control & Pound

Police Street Lighting

Recreation

Senior Citizen Center

Jail Courts

Social Services

Health

Road/Right of Way Maintinance

Stormwater Management Solid Waste Collection Solid Waste Disposal Emergency Management

PART II

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

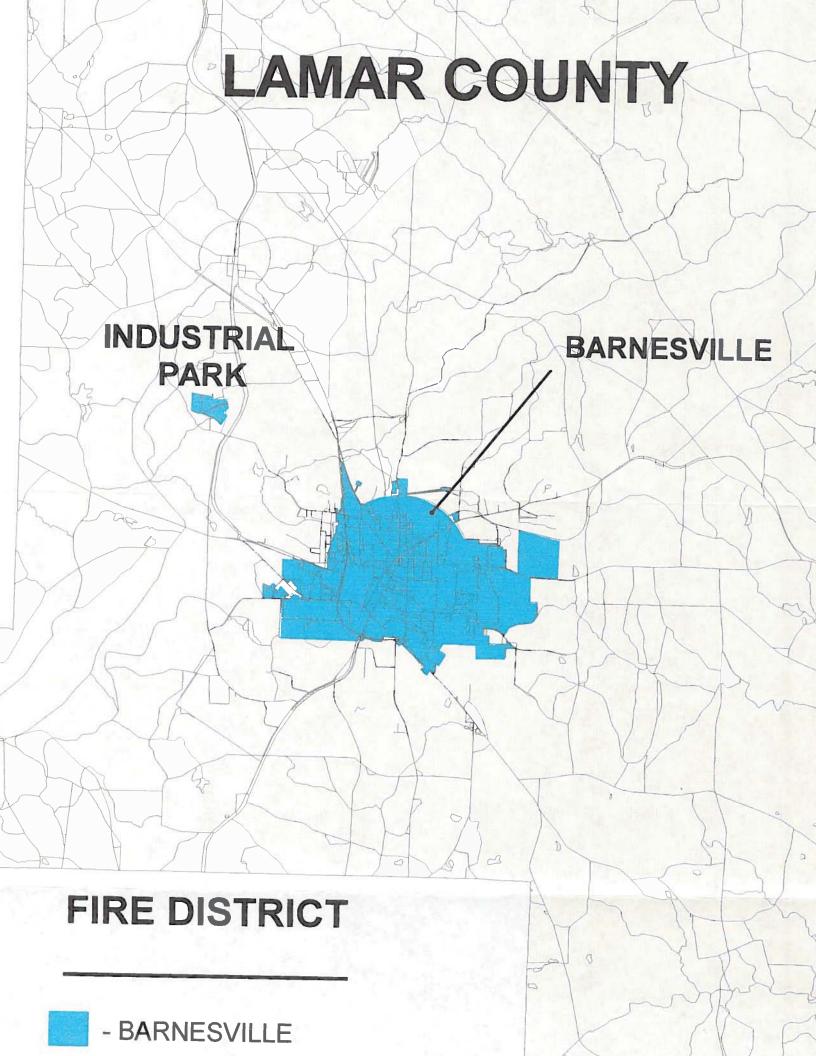


PAGE 2

Instructions:

County: Lamar	Service: Fire Protection			
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:			
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)			
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority 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.)				
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)			
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)			
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?			
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or			
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.			
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Local Government or Authority:	Funding Method:			
City of Barnesville	General Fund			
amar County	County Insurance Premium Tax			
No Change. The City of Barne	e previous arrangements for providing and/or funding this service within the county? esville provides fire protection to the City of Barnesville and the Town of Aldora and the ustrial Park. Lamar County provides fire protection to the City of Milner and.			

List any formal service delivery agreeme service:	ents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Fire Protection Agreement	City of Barnesville and Aldora	current/continuing
Fire Protection Agreement	Lamar County and Milner	current/continuing
		70
General Assembly, rate or fee changes, e		
7. Person completing form: Kenneth D. F		
Phone number: (770)358-0181	Date completed: 8/30/99	
consistent with the service delivery strate		sed local government projects are
If not, provide designated contact person	(s) and phone number(s) below:	





PAGE 2

Instructions:

County: Lamar	Service: Ambulance/Emergency Medical			
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:			
Service will be provided counchecked, identify the government	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)			
☐ Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority 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 provid unincorporated areas. (If this	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)			
☐ Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)			
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?			
If these conditions will continue ur nigher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or			
If these conditions will be eliminat aken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.			
 List each government or authorise funds, user fees, general funds, see indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Local Government or Authority:	Funding Method:			
amar County	General Fund			
How will the strategy change the No Change	previous arrangements for providing and/or funding this service within the county?			

Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
None			
	34 31 04 =	2.1 21 4	
6. What other mechanisms (if any) will be General Assembly, rate or fee changes, a None	used to implement the strategy for this service (e. etc.), and when will they take effect?	g., ordinances, resolutions, local acts of th	
7. Person completing form: Kenneth D. I	Roberts		
7. Person completing form: Kenneth D. I Phone number: (770)358-0181	Roberts Date completed: 8/30/99		

PAGE 2

Instructions:

County: Lamar	Service: Sewer Treatment/Collection				
1. Check the box that best describes the agreed upon delivery arrangement for this service:					
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization 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.)					
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)				
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)				
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?				
If these conditions will continue ur higher levels of service (See O.C.C competition cannot be eliminated).	ader the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or				
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.				
3. List each government or authori funds, user fees, general funds, sindebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded				
Local Government or Authority:	Funding Method:				
City of Barnesville	User Feeş				
Town of Aldora	User Fees				
City of Milner	User Fees				
City of Barnesville provides se	e previous arrangements for providing and/or funding this service within the county? ewer service to the City of Barnesville and the Town of Aldora. City extends sewer easible. City of Milner provides sewer service within its incorporated boundaries (under completed by 2002).				
	Revised				

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Lamar	Service: Sewer Treatment/Collection
1. Check the box that best de	escribes the agreed upon delivery arrangement for this service:
	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is overnment, authority or organization providing the service.)
	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, t, authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the service will not be provided in If this box is checked, identify the government(s), authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the county will provide the service in If this box is checked, identify the government(s), authority or organization providing the service.)
	ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
 In developing the strategy Yes ☑ No 	, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or nated).
	iminated under the strategy, attach an implementation schedule listing each step or action that will be responsible party and the agreed upon deadline for completing it.
	outhority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Autho	rity: Funding Method:
City of Barnesville	User fees
own of Aldora	User fees
amar County	User fees
	Revised

 List any formal service delivery agreements of service: 	or intergovernmental contracts that will be used to in	nplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
L SE HOLLE		
General Assembly, rate or fee changes, etc.),	to implement the strategy for this service (e.g., ordinate), and when will they take effect?	nances, resolutions, local acts of the
7. Person completing form: Kenneth D. Robo	erts /	
Phone number: (770)358-0181	Date completed: 8/30/99	
8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) a		ocal government projects are
		PAGE 2 (continued)

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PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Lamar	Service: Sewer Treatment/Collection
1. Check the box that best desc	ribes the agreed upon delivery arrangement for this service:
	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ernment, authority or organization providing the service.)
	nly in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	ovide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.)
	ovide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service.)
	ted, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
2. In developing the strategy, w ☐ Yes No	vere overlapping service areas, unnecessary competition and/or duplication of this service identified?
	e under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ed).
	inated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.
	nority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	r: Funding Method:
City of Barnesville	User fees
own of Aldora	User fees
amar County	User fees
	the previous arrangements for providing and/or funding this service within the county? eville provides sewer service to the City of Barnesville and the Town of Aldora. City extends omically feasible.
	Revised

List any formal service delivery agreemer service:	nts or intergovernmental contracts that will b	e used to implement the strategy for this				
Agreement Name:	Contracting Parties:	Effective and Ending Dates:				
1						
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?						
7. Person completing form: Kenneth D. R. Phone number: (770)358-0181	Roberts Date completed: 8/30/99	9				
8. Is this the person who should be contacted consistent with the service delivery strate. If not, provide designated contact person(s	gy? ✓ Yes □ No	proposed local government projects are				
		PAGE 2 (continued)				

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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.

County: _	Lamar	Service: Water Treatment/Distribution
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
		ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
		n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
One unine	or more cities will provide corporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
		this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
Othe gove	r. (If this box is checked, a	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In deve □ Yes		overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher lev	onditions will continue underlies of service (See O.C.Go) on cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these co	onditions will be eliminate liminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
funds, indebte	user fees, general funds, spedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
City o	f Barnesville	User fees, grants, loans, revenue bonds
City o	f Milner	User fees, grants, loans, revenue bonds
Town o	f Aldora	User fees
LC Wat	er & Sewer Auth	User fees, grants, loans, revenue bonds, SPLOST

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

The City of Barnesville provides water service in the City of Barnesville, Town of Aldora and parts of unincorporated Lamar County. The City of Barnesville sells water and provides maintenance and billing for the City of Milner water system. The City of Barnesville will sell water to the Lamar County Water and Sewer Authority. The Lamar County Water and Sewer Authority will own and operate a distribution system to serve unincorporated Lamar County. The City of Barnesville will continue to serve those customers currently served by the City and and new customers in the area of their existing lines in the unincorporated area. A copy of the City of Barnesville/Lamar County Water and Sewer Authority contract is attached and includes a map which defines the new service territories.

SM

5. List any formal service deli service:	very agreements or interg	governmental contrac	ts that will be used to impl	ement the strategy for this
Agreement Name:	Co	ntracting Parties:	/	Effective and Ending Dates:
Barnesville/Milner V	Water Agreement	Barnesville	and Milner	current/continuing
Barnesville/Aldora V	Water Agreement	Barnesville	and Aldora	current/continuing
Barnesville/LC W&S	Auth. Agreement	Barnesville	and LC W&S Auth.	
None				
7. Person completing form: _	Kenneth D. Robe	rts		
Phone number: (770)	358-0181	Date comple	eted: 8/30/99 Amend	led
8. Is this the person who shoul consistent with the service of the	delivery strategy? Ye	es 🗆 No	ting whether proposed loca	l government projects are
JAN /				PAGE 2 (continued)

PAGE 2

Instructions:

County's land use plan as funds are available.

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.

by a single service provider. (If this box is
ervice provider. (If this box is checked,
and the service will not be provided in organization providing the service.)
and the county will provide the service in organization providing the service.)
ach service provider, and identify the rice area.)
or duplication of this service identified?
the arrangement (i.e., overlapping but or reasons that overlapping service areas or
ule listing each step or action that will be it.
the service will be funded (e.g., enterprise hise taxes, impact fees, bonded

No Change. The City of Barnesville provides water service in the City of Barnesville, Town of Aldora and parts of unincorporated Lamar County. The City of Barnesville sells water and provides maintenance and billing for the City of Milner water system. The City will continue to provide water in unincorporated Lamar County consistent with Lamar

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Barnesville/Milner Water Agreement	Barnesville and Milner	current/cøntinuing
Barnesville/Aldora Water Agreement	Barnesville and Aldora	current/continuing
None		
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	
7. Person completing form: Kenneth D. Ro Phone number: (770)358-0181 8. Is this the person who should be contacted to consistent with the service delivery strategy If not, provide designated contact person(s)	Date completed: 8/30/99 by state agencies when evaluating whether p Yes \(\sigma \) No	roposed local government projects are

PAGE 2



Instructions:

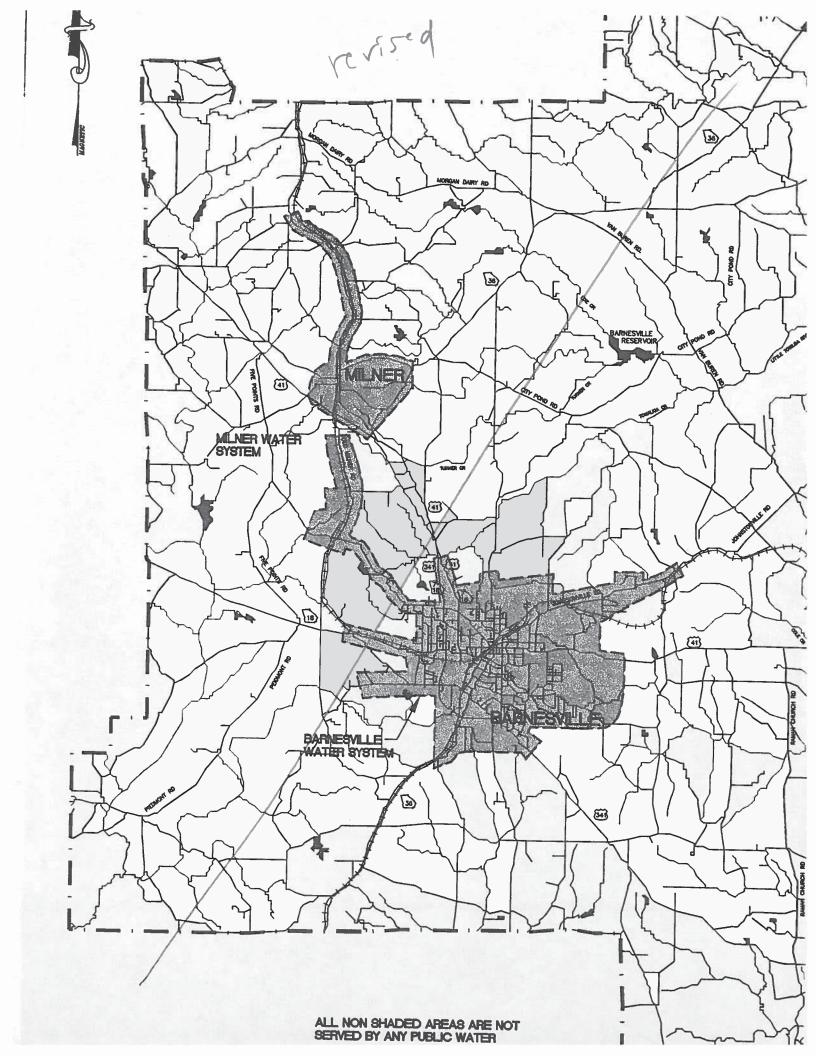
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

County: Lamar	Service: Water Treatment/Distribution
. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the r 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?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	User fees, grants, loans, revenue bonds
City of Milner	User fees, grants, loans, revenue bonds
own of Aldora	User/fees
	previous arrangements for providing and/or funding this service within the county? esville provides water service in the City of Barnesville, Town of Aldora and parts of

No Change. The City of Barnesville provides water service in the City of Barnesville, Town of Aldora and parts of unincorporated Lamar County. The City of Barnesville sells water and provides maintenance and billing for the City of Milner water system. The City of Barnesville will provide an engineering rate study to determine the reasonableness of water and sewer rate differentials. The City will continue to provide water in unincorporated Lamar County consistent with Lamar County's land use plan as funds are available.

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Barnesville/Milner Water Agreement	Barnesville and Milner	current/continuing
Barnesville/Aldora Water Agreement	Barnesville and Aldora	current/continuing
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc None	ed to implement the strategy for this service (e.g., oc.), and when will they take effect?	rdinances, resolutions, local acts of the
None		
7. Person completing form: Kenneth D. Ro		
Phone number: (770)358-0181	Date completed: 8/30/99	





PAGE 2

Instructions:

County: Lamar	Service: Library
l. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	General Fund
	e previous arrangements for providing and/or funding this service within the county? sintly funded by the City of Barnesville and Lamar County. Under the new arrangement,

List any formal service delivery agreem service:	ents or intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective_and Ending Dates:
Service Delivery Agreement	City of Barnesville & Lamar County	1/1/00 - continuing
<u> </u>		
7. Postan consiste fam. Kenneth D	Roharts	
7. Person completing form: Kenneth D.		
Phone number: (770)358-0181	Date completed: 8/30/99	
8. Is this the person who should be contact consistent with the service delivery strat If not, provide designated contact person		l local government projects are



PAGE 2

Instructions:

County: Lamar	Service: Zoning/Code Enforcement
l. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	User fees, permits
amar County	User fees, permits
ity of Milner	User fees, permits
 How will the strategy change the No Change 	e previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agreements or i service:	intergovernmental contracts that will be used to i	mplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	The state of the s	
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an	•	
7. Person completing form: Kenneth D. Robert	s	
Phone number: <u>(770)358-0181</u>	Date completed: <u>8/30/99</u>	
8. Is this the person who should be contacted by st consistent with the service delivery strategy? If not, provide designated contact person(s) and	☑ Yes □ No	local government projects are



PAGE 2

Instructions:

County: Lamar	Service: Animal Control & Pound
. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	General Fund
amar County	General Fund
No Change. The City of Barne	e previous arrangements for providing and/or funding this service within the county? esville provides animal collection in the City. Lamar County provides animal collection in and the City of Milner. The City of Barnesville provides the pound for both governments.
unincorporated Lamar County	and the Oity of Militer. The Oity of Barnesville provides the pound for both governments.

List any formal service delivery agreement service:	ats or intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Service Delivery Agreement	City of Bamesville & Lamar County	current/continuing
		-1
	THE COLUMN CONTRACTOR	2 12
7. Person completing form: Kenneth D. R	oberts	
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s		l local government projects are



PAGE 2

Instructions:

County: Lamar	Service: Recreation
. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
Previously, the service was joi the County will fund the servic funded and operated by the C	previous arrangements for providing and/or funding this service within the county? Intly funded by the City of Barnesville and Lamar County. Under the new arrangement, e with the exception of the Barnesville City Pool and Lyons Street Park which will be ity of Barnesville. The City of Barnesville will lease to Lamar County the current is at a cost of \$1.00. The City will be the electric provider and charge for electric use at

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Service Delivery Agreement		1/1/00
	etc.), and when will they take effect?	
7. D. Lui, G. Konnoth D.		
7. Person completing form: Kenneth D.	Roberts	
7. Person completing form: Kenneth D. Phone number: (770)358-0181		
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99 ted by state agencies when evaluating whether protegy? □ Yes ☑ No	oposed local government projects are



PAGE 2

Instructions:

Lomos	Delice			
County: Lamar	Service: Police			
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:			
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)			
	in the unincorporated portion of the county by a single service provider. (If this box is checked, pority 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 provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)			
	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)			
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?			
If these conditions will continue un nigher levels of service (See O.C.Competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or			
	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.			
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Local Government or Authority:	Funding Method:			
ity of Barnesville	General Fund			
amar County/Aldora	General Fund			
ity of Milner	General Fund			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
I. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?			

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: Kennet	h D. Roberts	
7. Person completing form: Kennet Phone number: (770)358-0181	h D. Roberts Date completed: 8/30/99	



PAGE 2

Instructions:

County: Lamar	Service: Street Lighting
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will proviounincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provious unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	Electric Revenues
City of Milner	General Fund
Town of Aldora	General Fund
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

 List any formal service delivery agreements or in service: 	ntergovernmental contracts that will be used to impl	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and		nces, resolutions, local acts of the
7. Person completing form: Kenneth D. Roberts		
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	
8. Is this the person who should be contacted by sta consistent with the service delivery strategy? If not, provide designated contact person(s) and	☐ Yes ☐ No	al government projects are



PAGE 2

Instructions:

County: Lamar	Service: Senior Citizen Center
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreements of service:	r intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.),	to implement the strategy for this service (e.g., ordered and when will they take effect?	
7. Person completing form: Kenneth D. Robe	rts	
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	
8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) an Patty Stephens, Lamar County Admin., (7)	d phone number(s) below:	local government projects are



PAGE 2

Instructions:

County: Lamar	Service: Jail
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
	the City of Barnesville for housing City prisoners up to 5 beds per day/monthly average.

List any formal service delivery agreement service:	its or intergovernmental contracts that will be used t	o implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Service Delivery Agreement		1/1/00
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc	sed to implement the strategy for this service (e.g., oc.), and when will they take effect?	ordinances, resolutions, local acts of the
7. Person completing form: Kenneth D. Re	oberts	
Phone number: (770)358-0181	Date completed: <u>8/30/99</u>	
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s Patty Stephens, Lamar County Admin.	s) and phone number(s) below:	ed local government projects are

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Lamar	Service: Courts
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:
	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is vernment, authority or organization providing the service.)
-	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
	cked, attach a legible map delineating the service area of each service provider, and identify the rother organization that will provide service within each service area.)
2. In developing the strategy, • Yes • No	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or atted).
	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise nds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authori	ty: Funding Method:
Lamar County	General Fund
Superior, Probate,	
Magistrate, Juvenile	
Barnesville Municipa	General Fund
Milner/Municipal	General Fund
4. How will the strategy change No Change	ge the previous arrangements for providing and/or funding this service within the county?
The second second	

	one of more potential and conducts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ė vi	
4		
General Assembly, rate or fee changes, NOTE: City of Barnesville provides Mu	unicipal Court for certain offenses occurri	ing inside the corporate limits.
7. Person completing form: Kenneth D.	Roberts	
7. Person completing form: Kenneth D. Phone number: (770)358-0181	Roberts Date completed: 8/30/9	99
Phone number: (770)358-0181	Date completed: 8/30/9	



PAGE 2

Instructions:

County: Lamar	Service: Social Services
	es the agreed upon delivery arrangement for this service:
☑ Service will be provided coun	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be a sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
1. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

Agreement Name: Contracting Parties: Effective_and Ending Dates: Contracting Parties: Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below: Pathy Stephens, Lamar County Admin., (770)358-5146	List any formal service delivery agreem service:	ents or intergovernmental contracts that will be	used to implement the strategy for this
7. Person completing form: Kenneth D. Roberts Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:	Agreement Name:	Contracting Parties:	Effective_and Ending Dates:
7. Person completing form: Kenneth D. Roberts Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:			
7. Person completing form: Kenneth D. Roberts Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:			
7. Person completing form: Kenneth D. Roberts Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:			
7. Person completing form: Kenneth D. Roberts Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:	-7 5-9		
Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:	General Assembly, rate or fee changes,	etc.), and when will they take effect?	
Phone number: (770)358-0181 Date completed: 8/30/99 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 No If not, provide designated contact person(s) and phone number(s) below:	7. Person completing form: Kenneth D.	Roberts	
consistent with the service delivery strategy? Yes No If not, provide designated contact person(s) and phone number(s) below:			
			proposed local government projects are





Instructions:

County: Lamar	Service: Health
. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	box is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
1. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery ag service:	reements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective_and Ending Dates:
	ill be used to implement the strategy for this service (nges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Kenne	th D. Roberts	
Phone number: (770)358-0181	Date completed: <u>8/30/99</u>	
8. Is this the person who should be consistent with the service deliver	ontacted by state agencies when evaluating whether p y strategy? Yes You	proposed local government projects are
If not, provide designated contact Patty Stephens, Lamar County	person(s) and phone number(s) below: Admin., (770)358-5146	

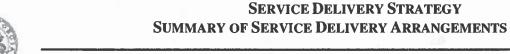


PAGE 2

Instructions:

County: Lamar	Service: Road/Right of Way Maintenance
	s the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization 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, ority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un nigher levels of service (See O.C.C competition cannot be eliminated).	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	General Fund
amar County	General Fund
 How will the strategy change the No Change 	previous arrangements for providing and/or funding this service within the county?

 List any formal service delivery agreements or service: 	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.), a	o implement the strategy for this service (e.g., ordinal and when will they take effect?	nces, resolutions, local acts of the
		*
7. Person completing form: Kenneth D. Rober	ts	
Phone number: (770)358-0181	Date completed: 8/30/99	
8. Is this the person who should be contacted by s consistent with the service delivery strategy?	state agencies when evaluating whether proposed local Yes \(\sigma\) No	nl government projects are
If not, provide designated contact person(s) and	d phone number(s) below:	



PAGE 2



Instructions:

County: Lamar	Service: Stormwater Management
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Barnesville	General Fund
amar County	General Fund
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
3		
What other mechanisms (if any) will be General Assembly, rate or fee changes	e used to implement the strategy for this service, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
Part Car		
. Person completing form: Kenneth D	. Roberts	
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	9
3. Is this the person who should be contact consistent with the service delivery strains.	cted by state agencies when evaluating whether ategy? Yes No	proposed local government projects are
If not provide designated contact page	on(s) and phone number(s) below:	

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

 □ Service will be provided countywing checked, identify the government, □ Service will be provided only in the identify the government, authority □ One or more cities will provide the unincorporated areas. (If this box □ One or more cities will provide the unincorporated areas. (If this box 	e agreed upon delivery arrangement for this service: de (i.e., including all cities and unincorporated areas) by a single service provider. (If this box i authority or organization providing the service.) the unincorporated portion of the county by a single service provider. (If this box is checked, or organization providing the service.) is service only within their incorporated boundaries, and the service will not be provided in is checked, identify the government(s), authority or organization providing the service.) is service only within their incorporated boundaries, and the county will provide the service in
□ Service will be provided countywing checked, identify the government, □ Service will be provided only in the identify the government, authority □ One or more cities will provide the unincorporated areas. (If this box □ One or more cities will provide the unincorporated areas. (If this box	de (i.e., including all cities and unincorporated areas) by a single service provider. (If this box i authority or organization providing the service.) the unincorporated portion of the county by a single service provider. (If this box is checked, or organization providing the service.) this service only within their incorporated boundaries, and the service will not be provided in is checked, identify the government(s), authority or organization providing the service.) this service only within their incorporated boundaries, and the county will provide the service in
 Service will be provided only in the identify the government, authority One or more cities will provide the unincorporated areas. (If this box One or more cities will provide the unincorporated areas. (If this box 	the unincorporated portion of the county by a single service provider. (If this box is checked, or organization providing the service.) is service only within their incorporated boundaries, and the service will not be provided in is checked, identify the government(s), authority or organization providing the service.) is service only within their incorporated boundaries, and the county will provide the service in
unincorporated areas. (If this box One or more cities will provide th unincorporated areas. (If this box	is checked, identify the government(s), authority or organization providing the service.) is service only within their incorporated boundaries, and the county will provide the service in
unincorporated areas. (If this box	is service only within their incorporated boundaries, and the county will provide the service in
	is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attagovernment, authority, or other or	ach a legible map delineating the service area of each service provider, and identify the ganization that will provide service within each service area.)
	rlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C.G.A. competition cannot be eliminated).	the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas of
If these conditions will be eliminated utaken to eliminate them, the responsible	ander the strategy, attach an implementation schedule listing each step or action that will be e party and the agreed upon deadline for completing it.
3. List each government or authority the funds, user fees, general funds, specindebtedness, etc.).	nat will help to pay for this service and indicate how the service will be funded (e.g., enterprise ital service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority: Fu	inding Method:
Barnesville/Aldora U	ser fees
_amar County/Milner U	ser fees-Lamar County Regional Solid
	Waste Authority
No Change. The City of Barnesvi	evious arrangements for providing and/or funding this service within the county? Ille provides this service inside the City of Barnesville and the Town of Aldora. The aste Authority provides the service in unincorporated Lamar County and the City of

service:	nents or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective-and Ending Dates:
		to the second se
=		4
		and the second s
7. Person completing form: Kenneth D.		
7. Person completing form: Kenneth D. Phone number: (770)358-0181	. Roberts Date completed: 8/30/99	





Instructions:

County: Lamar	Service: Solid Waste Disposal
l. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminal taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Barnesville/Aldora	Tipping fees to Lamar County Regional
	Solid Waste Authority
amar County/Milner	Tipping fees to Lamar County Regional
	Solid Waste Authority
 How will the strategy change th No Change 	e previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agreemen service:	its or intergovernmental contracts that will be a	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	54	
General Assembly, rate or fee changes, et	c.), and when will they take effect?	
7. Person completing form: Kenneth D. R.	oberts	
Phone number: <u>(770)358-0181</u>	Date completed: <u>8/30/99</u>	
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s Johnny Poore, LCRSWA, (770)358-52	s) and phone number(s) below:	roposed local government projects are



PAGE 2

Instructions:

County: Lamar	Service: Emergency Management
795_	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
amar County	General Fund
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreement service:	ts or intergovernmental contracts that will be used to	implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	3	
	E 0	
General Assembly, rate or fee changes, et	sed to implement the strategy for this service (e.g., or c.), and when will they take effect?	diffusices, resolutions, focus acts of the
7. Person completing form: Kenneth D. F	loberts	
Phone number: <u>(770)358-0181</u>	Date completed: 8/30/99	
8. Is this the person who should be contacte consistent with the service delivery strate If not, provide designated contact person(Patty Stephens, Lamar County Admir	s) and phone number(s) below:	d local government projects are

PART III

SUMMARY OF LAND USE AGREEMENTS



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Lamar		
What incompatibilities or conflicts between the land service delivery strategy? None	d use plans of local government	s were identified in the process of developing the
and the state of t	isian an applicate were addresses	
2. Check the boxes indicating how these incompatibility	ities of conflicts were addressed	
 □ amendments to existing comprehensive plans □ adoption of a joint comprehensive plan □ other measures (amend zoning ordinances, add experiences) 	nvironmental regulations, etc.	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
f "other measures" was checked, describe these meas	sures:	
3. Summarize the process that will be used to resolve areas to be annexed into a city. If the conflict reso See Attached - Dispute Resolution Process Ag	lution process will vary for diff	tes with the proposed land use classification(s) for ferent cities in the county, summarize each process
4. What policies, procedures and/or processes have that new extraterritorial water and sewer service will. The provision of extraterritorial water and sewer use plans and ordinances.	be consistent with all applicable	e land use plans and ordinances?
5. Person completing form: Kenneth D. Roberts		
Phone number: (770)358-0181	Date completed: 8/3	80/99
Is this the person who should be contacted by state consistent with land use plans of applicable jurisdi	e agencies when evaluating whe ictions? Yes No	ener proposed local government projects are
If not, provide designated contact person(s) and ph	none number(s) below:	

DISPUTE RESOLUTION PROCESS



The City of Barnesville and Lamar County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

- 1. Prior to initiating any formal annexation activities, the City will notify the County government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) of the property upon annexation.
- 2. If the proposed land use is the same as designated on the Lamar County Zoning Map, the City may proceed with the annexation and the City agrees not to change the current zoning classification for at least 12 months following the annexation unless the County governing authority grants a special exception to the time limit.
- 3. If the proposed land use or zoning classification is different than the County's and if the County objects to the annexation based on a bona fide land use objection, the County will, within thirty (30) days following written receipt of the annexation proposal, describe its bona fide land use classification objection (s) to the City's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the County's bona fide land use classification objection(s). As used in this agreement, the term "bona fide land use classification objection" means an objection to a proposed change in land use which results in a substantial change in the intensity of the allowable use of the property or a change to a significantly different allowable use. Upon written receipt of the County's bona fide objection(s), the City will respond within thirty (30) days by either: a) agreeing to implement the County's stipulations and conditions and thereby resolving the County's objection(s); b) agreeing with the County and stopping action on the proposed annexation; c) disagreeing that the County's objection(s) are bona fide and notifying the County that the City will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the City initiates mediation, the City and the County will agree on a mediator, mediation schedule and determine participants in the mediation. The City and the County agree to share equally any costs associated with the mediation.
- 5. If no resolution of the County's bona fide land use classification objection(s) results from the mediation, the City will not proceed with the proposed annexation.
- 6. If the City and County reach agreement as described in step 3 (a) or as a result of the mediation, the City's annexation ordinance will list the conditions of the mediation. Any such agreement shall include a provision that the approved use of the property proposed for annexation shall not be changed for at least 12 months following the annexation unless the County governing authority grants a special exception to the time limit.

Site-specific mitigation or enhancement measures or site-design stipulations included in the annexation ordinance will be reviewed by the Barnesville-Lamar County Planning Commission and may be rescinded in future changes in land use or zoning classification if deemed appropriate and approved by the County governing authority.

Page Two.

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

ATTEST:

Patty Johnston, County Administrator

LAMAR COUNTY BOARD OF COMMISSIONERS

Bobby Burnette, Chairman

ATTEST:

CITY OF BARNESVILLE

Carolyn Parker, City Clerk

6/17/98

James R. Matthews, Mayor

PART IV

CERTIFICATIONS

PAGE 4

SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR	Lamar	COUNTY
CERTICE PEDITERIA CIRCIED I I CIR	The state of the s	

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Jak III	James R. Matthews, Jr.	Mayor	City of Barnesville	10/23
free Bal	Joe Bostwick	Mayor	City of Milner	1025
Welsyn	Dallis Copeland	Mayor	Town of Aldora	10-25-9
Kent Kinga	Kent/Kingsley	Chairman	Lamar County	10-26
			Revised	

Honorable Kent Kingsley Chairman, Lamar County Commission 326 Thomaston Street Barnesville, Georgia 30204-1669

Honorable James R. Matthews Mayor, City of Barnesville 109 Forsyth Street Barnesville, Georgia 30204-1425

Honorable Joe C. Bostwick Mayor, City of Milner Post Office Box 99 Milner, Georgia 30257-0099

Honorable Dallis Copeland Mayor, City of Aldora Post Office Drawer 158 Barnesville, Georgia 30204-0158

ATTACHMENT

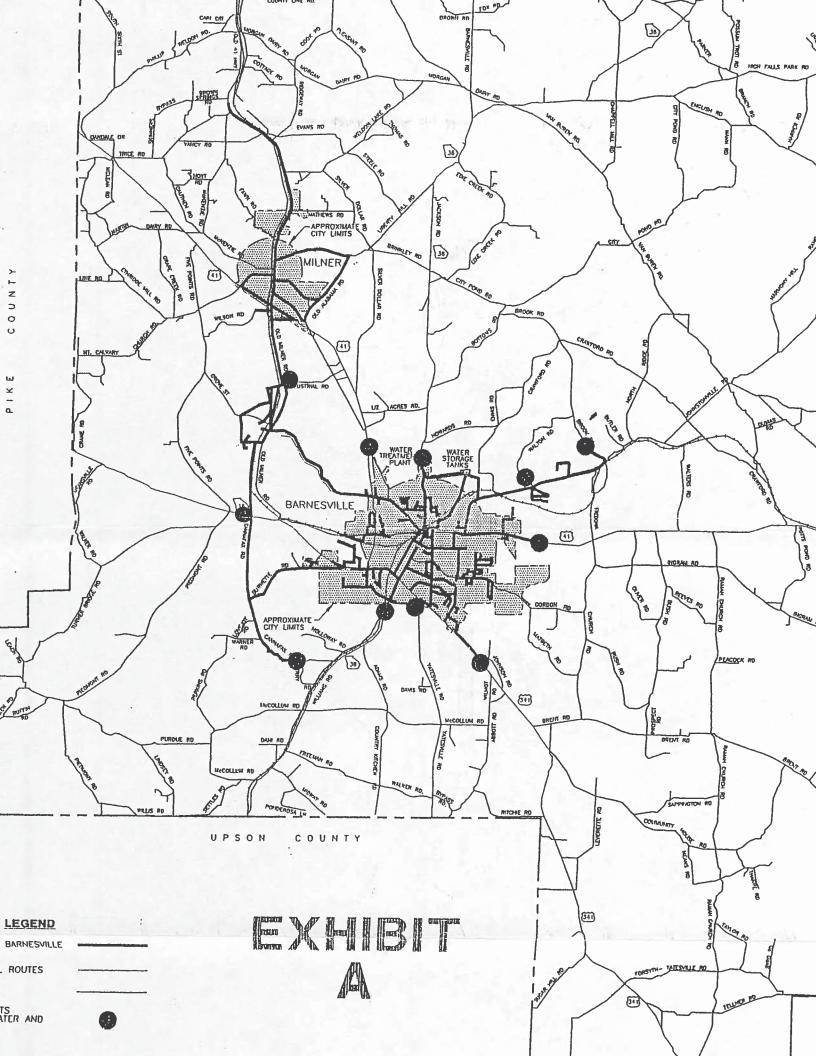


EXHIBIT "B"

WATER RATE SCHEDULE

The Authority shall pay the lesser of \$2.00 per thousand gallons of potable water, or the water rates charged by the City of Barnesville for its lowest water rate customer, excluding the base rate. For an example, the present Water Rate Schedule for the City is a base rate (\$9.00 minimum), and includes the first 2,000 gallons of water. All water metered in excess of 2,000 gallons is at the rate of \$2.00 per thousand gallons.

Where the Authority purchases water from the City that was originally supplied by the Butts County, et al, Water and Sewer Authority (hereinafter "Butts Authority") to the City, the Authority shall pay the rate charged by the Butts Authority to the City for the water plus the City's out of pocket expenses for reading and billing the applicable meters.

EXHIBIT "C"

The rates will be increased or decreased based upon the amount being charged (excluding base rate) by the City to the lowest rate customer on a per thousand gallons basis.

