

SERVICE DELIVERY STRATEGY

FOR

MACON

COUNTY

Page 1

I. GENERAL INSTRUCTIONS

1. Only one set of these forms should be submitted per county. The complete collective agreement reached by all cities and counties that were party to the
2. List each local government and/or authority that provides services rendered strategy in Section II below.
3. List all services provided primarily funded by each general purpose local government in Section III below. It is acceptable to break a service into separate description of the service delivery strategy.
4. For each service or service component listed in Section III, complete a separate Arrangements form (page 2)
5. Complete one copy of the Summary of Land Use Agreements form (page 5)
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 government 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

Verified

RECEIVED

AUG 31 P.M.

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 governments (including cities partially within the county) and authorities that provide services included in the service delivery strategy.

- MACON COUNTY**
- CITY OF MONTEZUMA**
- CITY OF MARSHALLVILLE**
- CITY OF OGLETHORPE**
- CITY OF IDEAL**
- FLINT AREA CONSOLIDATED HOUSING AUTHORITY**
- DEVELOPMENT AUTHORITY OF MACON COUNTY**
- MIDDLE GEORGIA REGIONAL SOLID WASTE AUTHORITY**
- SOLID WASTE AUTHORITY OF CRISP 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.

- | | |
|--|---|
| AIRPORT | MOSQUITO CONTROL |
| ANIMAL CONTROL | PLANNING & ZONING |
| BUILDING INSPECTION & BUILDING CODE ENFORCEMENT | |
| CEMETERIES | PARKS |
| COURT SERVICES | PATROL & TRAFFIC CITATIONS |
| DOWNTOWN DEVELOPMENT | RECREATION |
| DRUG/GANG TASK FORCE | SEWAGE TREATMENT |
| ECONOMIC DEVELOPMENT | SHERIFF'S DEPARTMENT |
| EMERGENCY DISPATCH | SOCIAL SERVICES |
| EMERGENCY MEDICAL SERVICES | SOLID WASTE MANAGEMENT |
| EMERGENCY MANAGEMENT | STREET CLEANING/SWEEPING |
| FIRE PROTECTION | STREET LIGHTING |
| HOUSING | STREETS & ROAD MAINTENANCE |
| INDIGENT DEFENSE | TAX APPRAISAL SERVICE |
| JAIL | TAX COLLECTION |
| LEAF & LIMB COLLECTION | TRANSPORTATION |
| LIBRARY | VOTER REGISTRATION |
| | WATER TREATMENT & DISTRIBUTION |

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: AIRPORT

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 PROVIDER: CITY OF MONTEZUMA

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 provider, 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 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 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
CITY OF MONTEZUMA	AD VALOREM TAXES; GRANTS; HANGAR LEASES

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

JOYCE H. HARDY - MONTEZUMA CITY CLERK - 912-472-8144

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **ANIMAL CONTROL**

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 PROVIDER: CITY OF MONTEZUMA

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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS; ANIMAL LICENSE FEES
MACON COUNTY	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS; ANIMAL LICENSE FEES
CITY OF OGLETHORPE	GENERAL FUNDS; ANIMAL LICENSE FEES
CITY OF IDEAL	GENERAL FUNDS; ANIMAL LICENSE FEES

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

PREVIOUSLY ONLY THE CITY OF MONTEZUMA HAD ANIMAL CONTROL. UNDER THIS STRATEGY EACH CITY AND THE COUNTY MAY CONTRACT WITH THE CITY OF MONTEZUMA TO PROVIDE THIS SERVICE.

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

JOYCE H. HARDY - MONTEZUMA CITY CLERK - 912-472-8144

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: BUILDING INSPECTION

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).
- 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).

SERVICE PROVIDERS: MACON COUNTY HAS FULL-TIME BUILDING INSPECTOR, ON STAFF; CITIES OF MONTEZUMA & MARSHALLVILLE - CONTRACT WITH PRIVATE COMPANY (CERTIFIED INSPECTOR); CITY OF OGLETHORPE POLICE CHIEF SERVES AS BUILDING INSPECTOR. CITY OF IDEAL DOES NOT HAVE BUILDING CODE ENFORCEMENT.

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; PERMIT FEES
CITY OF MONTEZUMA	PERMIT FEES
CITY OF OGLETHORPE	PERMIT FEES
CITY OF MARSHALLVILLE	PERMIT 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	Contracting Parties	Effective & Ending Dates
	CITY OF MONTEZUMA & HARDY CONSULTING	JULY 8, 1998 W/ 30 DAY CANCELLATION CLAUSE
	CITY OF MARSHALLVILLE & HARDY CONSULTING	JULY 1, 1998 W/ 30 DAY CANCELLATION CLAUSE

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: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: CEMETERIES

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).

SERVICE PROVIDERS: CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL.

- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES
CITY OF IDEAL	GENERAL FUNDS; 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	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING

Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: COURT SERVICES

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).
- 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).

SERVICE PROVIDERS: MACON COUNTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE AND IDEAL.

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; USER FEES; FINES
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES; FINES
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES; FINES
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES; FINES
CITY OF IDEAL	GENERAL FUNDS; USER FEES; FINES

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	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING

Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **DOWNTOWN DEV**

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).

SERVICE PROVIDERS: CITIES OF MONTEZUMA, OGLETHORPE, MARSHALLVILLE & IDEAL.

- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS, DONATIONS
CITY OF OGLETHORPE	GENERAL FUNDS, DONATIONS
CITY OF IDEAL	GENERAL FUNDS, DONATIONS
CITY OF MARSHALLVILLE	GENERAL FUNDS, DONATIONS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: **MACON** Service: **DRUG GANG TASK FORCE**

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).

MONTEZUMA & OGLETHORPE

- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; CONFISCATED FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; CONFISCATED FUNDS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **ECONOMIC DEV**

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.)

DEVELOPMENT AUTHORITY OF MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; HOTEL/MOTEL TAX
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS
CITY OF IDEAL	GENERAL FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **EMERGENCY DISPATCH**

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).
- 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).

MACON COUNTY, CITIES OF MONTEZUMA, OGLETHORPE, MARSHALLVILLE & IDEAL.

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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).

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3. List each government or authority that will help 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
MACON COUNTY	GENERAL FUNDS; FINES
MONTEZUMA	GENERAL FUNDS; FINES
MARSHALLVILLE	GENERAL FUNDS; FINES
OGLETHORPE	GENERAL FUNDS; FINES
IDEAL	GENERAL FUNDS; FINES

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

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: EMERG MEDICAL SER

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 PROVIDER: MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; AMBULANCE 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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: EMERGENCY MGMT

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON**

Service: **FIRE PROTECTION**

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).
- 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 provider, and identify the government, authority or other organization that will provide service within each service area).

SEE ATTACHED MAP

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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS
CITY OF IDEAL	GENERAL FUNDS; GRANTS
MACON COUNTY	GENERAL FUNDS

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	Contracting Parties	Effective & Ending Dates
Intergovernmental Agreement	Macon County & City of Montezuma	September 14, 1999 - Indefinitely
Intergovernmental Agreement	Macon County & City of Marshallville	August 3, 1999 - Indefinitely
Intergovernmental Agreement	Macon County & City of Oglethorpe	August 6, 1999 - Indefinitely
Intergovernmental Agreement	Macon County & City of Ideal	August 19, 1999 - Indefinitely

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: **ROSELYN STARLING**

Phone Number: **912-472-7021**

Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

INTERGOVERNMENTAL AGREEMENT

FIRE CONTRACT

This agreement entered into this 19th day of August, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Ideal** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

TERRITORY:

The city agrees to respond to fires in the unincorporated areas as set forth in attached Exhibit "A"

BUDGET:

The county agrees to budget and fund up to \$3,000.00 for the purchase of fire equipment. Said contract to be renewed on an annual basis.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

Melba J. Akula
Notary Public 2/28/2002

Roselyn H. Starling
Unofficial Witness

Melba J. Akula
Notary Public 2/28/2002

**BOARD OF COMMISSIONERS
MACON COUNTY**

Charles W. Allen
Charles W. Allen, Chairman

Roselyn H. Starling
Roselyn H. Starling, Clerk

CITY OF IDEAL

Vannie Howard
Mayor

Mystic E. Jones
City Clerk

INTERGOVERNMENTAL AGREEMENT

FIRE CONTRACT

This agreement entered into this 6th day of August, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Oglethorpe** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

TERRITORY:

The city agrees to respond to fires in the unincorporated areas as set forth in attached Exhibit "A"

BUDGET:

The county agrees to budget and fund up to \$3,000.00 for the purchase of fire equipment. Said contract to be renewed on an annual basis.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

Melody J. Ahlke
Notary Public 2/28/2002

Marie E. Meadows
Unofficial Witness

Melody J. Ahlke
Notary Public 2/28/2002

**BOARD OF COMMISSIONERS
MACON COUNTY**

Charles W. Allen
Charles W. Allen, Chairman

Roselyn H. Starling
Roselyn H. Starling, Clerk

CITY OF OGLETHORPE

Mayor
Mayor

Shirley C. Lastley
City Clerk

INTERGOVERNMENTAL AGREEMENT

FIRE CONTRACT

This agreement entered into this 3rd day of August, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Marshallville** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

TERRITORY:

The city agrees to respond to fires in the unincorporated areas as set forth in attached Exhibit "A"

BUDGET:

The county agrees to budget and fund up to \$3,000.00 for the purchase of fire equipment. Said contract to be renewed on an annual basis.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

Melody J. Akula
Notary Public 2/28/2002

Unofficial Witness

Patricia Woay
Notary Public, Peach County, Georgia
My Commission Expires June 10, 2001

**BOARD OF COMMISSIONERS
MACON COUNTY**

Charles W. Allen
Charles W. Allen, Chairman

Roselyn H. Starling
Roselyn H. Starling, Clerk

CITY OF MARSHALLVILLE

Bice W. [Signature]
Mayor

Quanta Zeller
City Clerk

INTERGOVERNMENTAL AGREEMENT

FIRE CONTRACT

This agreement entered into this 14th day of September, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Montezuma** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

TERRITORY:

The city agrees to respond to fires in the unincorporated areas as set forth in attached Exhibit "A"

BUDGET:

The county agrees to budget and fund up to \$3,000.00 for the purchase of fire equipment. Said contract to be renewed on an annual basis.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness
Walter J. Hubbard
Notary Public 2/28/2002

**BOARD OF COMMISSIONERS
MACON COUNTY**
Charles W. Allen
Charles W. Allen, Chairman
Roselyn H. Starling
Roselyn H. Starling, Clerk

CITY OF MONTEZUMA

Ruston W. Williams
Mayor
Peuce Sol. Hardy
City Clerk

Unofficial Witness
Julia B. Watters
Notary Public, Macon County, Georgia
My Commission Expires Nov. 28, 2001

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: HOUSING

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.)

FLINT AREA CONSOLIDATED HOUSING 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 provider, 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 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 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
FA CONS HOUSING AUTH	GENERAL FUNDS; GRANTS; STATE & FEDERAL

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: INDIGENT DEFENSE

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: JAIL

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; USER FEES; FINES
CITY OF MONTEZUMA	ADD ON TO FINES
CITY OF MARSHALLVILLE	FINES
CITY OF OGLETHORPE	FINES
CITY OF IDEAL	FINES

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	Contracting Parties	Effective & Ending Dates
INTERGOVERNMENTAL AGREEMENT	MACON CO . & CITY OF MONTEZUMA	JUNE 1, 1999 - 30 DAYS WRITTEN NOTICE
INTERGOVERNMENTAL AGREEMENT	MACON CO . & CITY OF MARSHALLVILLE	AUGUST 1, 1999 - 30 DAYS WRITTEN NOTICE
INTERGOVERNMENTAL AGREEMENT	MACON CO . & CITY OF OGLETHORPE	AUGUST 1, 1999 - 30 DAYS WRITTEN NOTICE
INTERGOVERNMENTAL AGREEMENT	MACON CO . & CITY OF IDEAL	AUGUST 1, 1999 - 30 DAYS WRITTEN NOTICE

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: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

INTERGOVERNMENTAL AGREEMENT
JAIL CONTRACT

This Agreement entered into this 19th day of August, 1999 between the Board of Commissioners of Macon County, Georgia (hereinafter referred to as County) and City of Ideal (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. TERM:

This Agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. PAYMENTS:

City shall remit the amounts collected from the Jail Construction and Staffing Act Surcharge to the County by the 10th of each month following collection. City shall begin collection of the additional surcharge August 1, 1999.

4. COVERED SERVICES:

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees or medical costs.

5. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

Melody A. Akula
Notary Public 2/28/2002

x Sabrina Hale
Unofficial Witness

Leah B. Hale
Notary Public

BOARD OF COMMISSIONERS MACON COUNTY

Charles W. Allen
CHARLES W. ALLEN, Chairman

Roselynn Starling
Roselynn Starling, Clerk

CITY OF IDEAL

Vannie Howard
Mayor

Mystie E. Jones
City Clerk

INTERGOVERNMENTAL AGREEMENT
JAIL CONTRACT

This Agreement entered into this 3Rd day of August, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Marshallville** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1. TERM:

This Agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2. SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3. PAYMENTS:

City shall remit the amounts collected from the Jail Construction and Staffing Act Surcharge to the County by the 10th of each month following collection. City shall begin collection of the additional surcharge August 1, 1999.

4. COVERED SERVICES:

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees or medical costs.

5. ENTIRE AGREEMENT:

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

John E. White
Notary Public
Notary Public, Peach County, Georgia
My Commission Expires April 4, 2003

[Signature]
Unofficial Witness

[Signature]
Notary Public 2/28/2002

BOARD OF COMMISSIONERS-MACON COUNTY

[Signature]
CHARLES W. ALLEN, Chairman

[Signature]
Roselyn Starling, Clerk

CITY OF MARSHALLVILLE

[Signature]
Mayor

[Signature]
City Clerk

AGREEMENT #1

INTERGOVERNMENTAL AGREEMENT

This Agreement entered into this 1st day of June, 1999 between the Board of Commissioners of Macon County, Georgia (hereinafter referred to as County) and City of Montezuma (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1.TERM:

This Agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail

2.SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility;

3.PAYMENTS

City shall remit the amounts collected from the Jail Construction and Staffing Act Surcharge to the County by the 10th of each month following collection.

5. COVERED SERVICES

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees or medical costs.

4. ENTIRE AGREEMENT

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

[Signature]
Notary Public

Angela N Lester
Unofficial Witness

Sylvia N. Watters
Notary Public, Macon County, Georgia
My Commission Expires Nov. 29, 2001

BOARD OF COMMISSIONERS, MACON COUNTY

[Signature]
CHARLES W. ALLEN, Chairman

[Signature]
Roselyh Starling, Clerk

CITY OF MONTEZUMA

[Signature]
PRESTON WILLIAMS, Mayor

[Signature]
Joyce Hardy, City Clerk

INTERGOVERNMENTAL AGREEMENT

This Agreement entered into this 6th day of August, 1999 between the **Board of Commissioners of Macon County, Georgia** (hereinafter referred to as County) and **City of Oglethorpe** (hereinafter referred to as City);

WITNESSETH

For and in consideration of the mutual promises contained herein and further consideration the sums set forth herein and the respective duties and responsibilities of the parties;

1.TERM:

This Agreement shall be from year to year and renewable on same terms on the anniversary of the date hereof. Either party may cancel this agreement by giving notice thirty days in advance to the other party by certified mail.

2.SCOPE OF COUNTY:

County shall provide sufficient space for housing of all persons arrested by the City at the Macon County Jail or such other comparable facility.

3.PAYMENTS

City shall remit the amounts collected from the Jail Construction and Staffing Act Surcharge to the County by the 10th of each month following collection. City shall begin collection of the additional surcharge August 1, 1999.

5. COVERED SERVICES

The service rendered by the County shall be for housing and feeding the charged individuals and shall not cover such additional services as charges for DUI testing, processing fees or medical costs.

4. ENTIRE AGREEMENT

This Agreement is the entire agreement of the parties and no modification, changes or alterations whether oral or otherwise shall be binding unless reduced to writing and signed by both parties.

IN WITNESS WHEREOF the parties have affixed its signatures of the authorized officials and affixed the seal of the governmental entity.

Sennie Hubbard
Witness

Melody Adkerson
Notary Public 2/28/2002

Shirley S. Martin
Unofficial Witness

Becky A. Jones
Notary Public

BOARD OF COMMISSIONERS MACON COUNTY

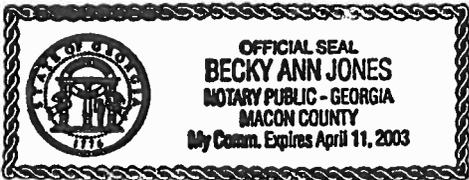
Charles W. Allen
CHARLES W. ALLEN, Chairman

Roselynn Starling
Roselynn Starling, Clerk

CITY OF OGLETHORPE

Gerald B. Beckum
GERALD B. BECKUM, Mayor

Shirley Lashley
Shirley Lashley, City Clerk



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **LEAF & LIMB
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).
- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS; USER FEES
CITY OF MARSHALLVILLE	GENERAL FUNDS; USER FEES
CITY OF OGLETHORPE	GENERAL FUNDS; USER FEES
CITY OF IDEAL	GENERAL FUND; 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	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144** Date Completed **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: LIBRARY

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).

SERVICE PROVIDERS: CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL.

- 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 provider, 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 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).

SEE OTHER SIDE FOR EXPLANATION.

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 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
MACON COUNTY	GENERAL FUNDS
CITY OF MONTEZUMA	GENERAL FUNDS; PRIVATE DONATIONS; GRANTS
CITY OF MARSHALLVILLE	GENERAL FUNDS; OVERDUE FEES; DONATIONS
CITY OF OGLETHORPE	GENERAL FUNDS; OVERDUE 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	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING
Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**EXPLANATION FOR OVERLAPPING SERVICE AREAS
FOR LIBRARY SERVICES IN MACON COUNTY**

THE CITIES OF MONTEZUMA, MARSHALLVILLE AND OGLETHORPE EACH OPERATE SEPARATE LIBRARIES THAT ANY CITIZEN OF THE COUNTY CAN USE. BECAUSE ELDERLY PERSONS MAKE UP A LARGE PERCENTAGE OF LIBRARY PATRONAGE WE FEEL THAT THE MORE LIBRARIES IN THE COUNTY, THE EASIER IT WILL BE FOR CITIZENS TO USE THEM. WITH THREE LIBRARIES IN MACON COUNTY THERE IS AT LEAST ONE LOCATED WITHIN MINUTES OF EVERY CITIZEN.

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON COUNTY** Service: **MOSQUITO CONTROL**

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).

SERVICE PROVIDERS: CITIES OF MONTEZUMA & OGLETHORPE.

- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144**

Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **PLANNING & ZONING**

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).

SERVICE PROVIDERS: MACON COUNTY; THE CITIES OF MONTEZUMA, MARSHALLVILLE & OGLETHORPE. THE CITY OF IDEAL DOES NOT HAVE P & Z.

- 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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; ZONING FEES
CITY OF MONTEZUMA	GENERAL FUNDS; ZONING FEES
CITY OF MARSHALLVILLE	GENERAL FUNDS; ZONING FEES
CITY OF OGLETHORPE	GENERAL FUNDS; ZONING 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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021**

Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **PARKS**

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).
- 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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS; DONATIONS
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; DONATIONS
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; DONATIONS
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; DONATIONS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**
 Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?
 YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: PATROL & TRAFFIC CIT

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).
- 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).

SERVICE PROVIDERS: MACON COUNTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL.

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS; FINES
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; FINES
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS; FINES
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS; FINES
CITY OF IDEAL	GENERAL FUNDS; GRANTS; FINES

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: RECREATION

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).
- 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 provider, 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 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).

SEE OTHER SIDE FOR EXPLANATION

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 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
MACON COUNTY	GENERAL FUNDS; USER FEES; GRANTS
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING
 Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**EXPLANATION FOR CONTINUING A DUPLICATION
RECREATION SERVICES**

THE CITY OF MARSHALLVILLE IS LOCATED APPROXIMATELY 14 MILES FROM COUNTY RECREATION COMPLEX . CITY OF MARSHALLVILLE PROVIDES SEVERAL RECREATION PROGRAMS FOR CITY OF MARSHALLVILLE YOUTH WHO BECAUSE OF LACK OF TRANSPORTATION CANNOT PARTICIPATE IN COUNTY PROGRAMS.

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: SEWAGE TREATMENT

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).
- 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 provider, and identify the government, authority or other organization that will provide service within each service area).

SEE ATTACHED MAP

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 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 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
CITY OF MONTEZUMA	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF MARSHALLVILLE	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF OGLETHORPE	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF IDEAL	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: SHERIFF'S DEPT

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; FINES; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: SOCIAL SERVICES

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; STATE FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING

Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: SOLID WASTE MGMT

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.)

SOLID WASTE MANAGEMENT OF CRISP COUNTY

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 provider, 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 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 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
MACON COUNTY	USER FEES; INSURANCE PREMIUM TAX
CITY OF MONTEZUMA	USER FEES; GENERAL FUNDS
CITY OF MARSHALLVILLE	USER FEES; GENERAL FUNDS
CITY OF OGLETHORPE	USER FEES; GENERAL FUNDS
CITY OF IDEAL	USER FEES; GENERAL FUNDS

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	Contracting Parties	Effective & Ending Dates
	MACON CO & SOLID WASTE MGT OF CRISP CO	SEPT. 1, 1997 - AUG. 31, 2002
	CITY OF MARSHALLVILLE & SOLID WASTE MGT OF CRISP CO	AUG. 1, 1996 - JULY 31, 2021
	CITY OF MONTEZUMA & SOLID WASTE MGT OF CRISP CO	JULY 1, 1997 - JUNE 30, 2002
	CITY OF OGLETHORPE & SOLID WASTE MGT OF CRISP CO	JULY 1, 1997 - JUNE 30, 2002
	CITY OF IDEAL & SOLID WASTE MGT OF CRISP CO.	SEPT. 1, 1997 - AUG 31, 2002

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: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County MACON Service: STREET CLEANING

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).

CITY OF MONTEZUMA WILL PROVIDE SERVICE TO ANY OTHER MUNICIPALITY THROUGH CONTRACT

- 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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS
CITY OF IDEAL	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS

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

PREVIOUSLY ONLY THE CITY OF MONTEZUMA OFFERED THIS SERVICE TO CITIZENS WITHIN MONTEZUMA. OTHER CITIES HAVE EXPRESSED A DESIRE TO CONTRACT WITH THE CITY OF MONTEZUMA FOR THE SERVICE IN THEIR CITIES.

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING

Phone Number: 912-472-7021 Date Completed: AUGUST 26, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

JOYCE H. HARDY - MONTEZUMA CITY CLERK - 912-472-8144

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: STREET LIGHTING

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).
- 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).

**SERVICE PROVIDERS: MACON COUNTY (BETWEEN MTZ & OGLE ONLY);
CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL.**

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS
CITY OF IDEAL	GENERAL FUNDS
MACON COUNTY	GENERAL FUNDS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144** Date Completed: **August 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: STREET LIGHTING

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 PROVIDERS: MACON COUNTY (BETWEEN MTZ & OGLE ONLY);
CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL.**

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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS
CITY OF IDEAL	GENERAL FUNDS
MACON COUNTY	GENERAL FUNDS

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

NO CHANGE

*see revised page
SDM*

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **STS & ROAD MAINTEN**

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).
- 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).

MACON COUNTY; CITIES OF MONTEZUMA, MARSHALLVILLE, OGLETHORPE & IDEAL

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS
CITY OF MONTEZUMA	GENERAL FUNDS; GRANTS; SPLOST
CITY OF MARSHALLVILLE	GENERAL FUNDS; GRANTS
CITY OF OGLETHORPE	GENERAL FUNDS; GRANTS
CITY OF IDEAL	GENERAL FUNDS; GRANTS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: TAX APPRAISAL SERVICE

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 PROVIDER: MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

Count MACON Service: TAX 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.)

MACON COUNTY TAX COMMISSIONER

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 provider, 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 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 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
CITY OF MONTEZUMA	GENERAL FUNDS
CITY OF OGLETHORPE	GENERAL FUNDS
CITY OF IDEAL	GENERAL FUNDS
CITY OF MARSHALLVILLE	GENERAL FUNDS
MACON COUNTY	GENERAL FUNDS

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

PREVIOUSLY EACH CITY AND THE COUNTY COLLECTED ITS OWN AD VALOREM PROPERTY TAXES. EACH CITY MAY CONTRACT WITH THE COUNTY TO PERFORM THIS SERVICE OR MAY CONTINUE TO COLLECT THEIR OWN AD VALOREM TAXES.

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: ROSELYN STARLING

Phone Number: 912-472-7021 Date Completed: _____

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: **MACON** Service: **TRANSPORTATION**

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.)

MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS; GRANTS; 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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

County: MACON Service: VOTER REGISTRATION

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 PROVIDER: MACON COUNTY

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 provider, 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 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 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
MACON COUNTY	GENERAL FUNDS

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	Contracting Parties	Effective & 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?

7. Person Completing Form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

YES NO

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

County: MACON Service: WATER TREATMENT & DISTRIBUTION

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).
- 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 provider, 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 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 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
CITY OF MONTEZUMA	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF MARSHALLVILLE	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF OGLETHORPE	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS
CITY OF IDEAL	USER FEES;GRANTS;LOANS;BOND INDEBTEDNESS

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

NO CHANGE. SEE ATTACHMENT FOR JUSTIFICATION FOR HIGHER WATER RATES FOR OGELTHORPE WATER CUSTOMER, MACON STATE PRISON.

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

Agreement Name	Contracting Parties	Effective & 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?

7. Person Completing Form: **JOYCE HARDY**

Phone Number: **912-472-8144**

Date Completed: **AUGUST 26, 1999**

8. Is this the person who should be contacted by state agencies when evaluating whether local government projects are consistent with the service delivery strategy?

- YES NO

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

OFFICE OF
MAYOR

City of Oglethorpe

P.O. Box 425
113 Chatham Street

Telephone (912) 472-6485

Oglethorpe, Georgia
31068

July 23, 1999

To Whom It May Concern:

Re: House Bill # 489 - Water Treatment & Distribution

The City of Oglethorpe will provide service to the unincorporated portion of the county at the same rate as the incorporated boundaries. This rate being, residential \$6.40 /2000 gallons and \$1.10 each additional 1000 gallons, commercial rate \$8.40 /2000 gallons and \$1.60 each additional 1000 gallons.

The exception to this is a negotiated contract with the Macon State Prison for a rate of \$2.15/1000 gallons. Rates are to be adjusted annually based upon actual system costs including operation and maintenance costs, debt service, reserves, renewal and extension reserves and any other reserves required by existing and/or future bond ordinance, under conventional accounting methods for municipal water and wastewater systems in Georgia.

Sincerely,



Gerald B. Beckum
Mayor

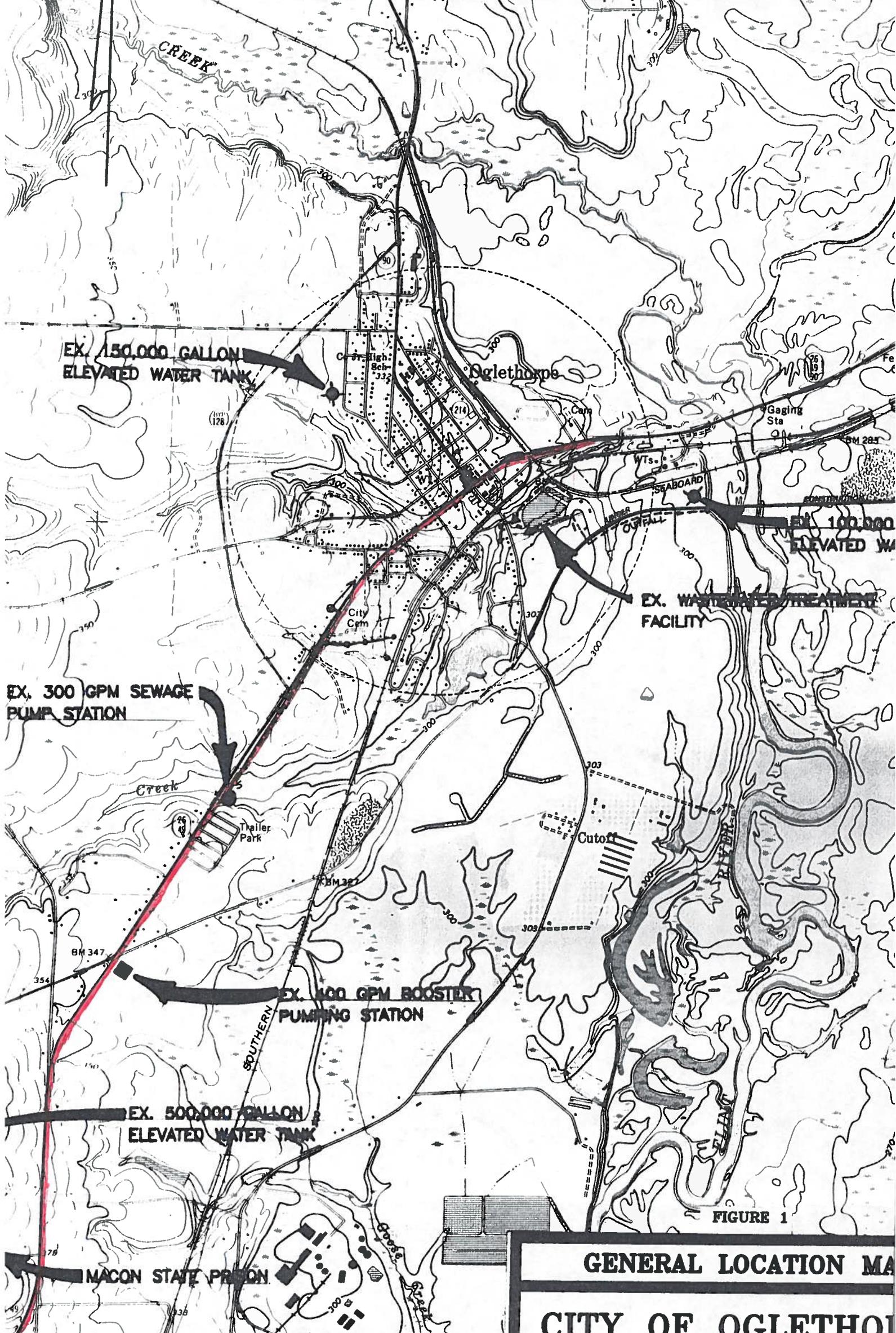


FIGURE 1

GENERAL LOCATION MAP
CITY OF OGLETHORPE
WATER AND SEWER
IMPROVEMENTS
SCALE: 1" = 2000'

*sewage treatment-
 ty of Oglethorpe
 Macon State
 Prison*



**CARTER &
 SLOOPE, INC.**

6510 Peake Road Macon, Georgia 31210
 Phone: (912) 477-3923 Fax: (912) 477-4691

CONSULTING ENGINEERS

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: **MACON**

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

NO CONFLICTS WERE IDENTIFIED.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
- amendments to existing plans
 - adoption of a joint comprehensive plan
 - other measures (amend zoning ordinances, add environmental regulations, etc)
- If "other measures" was checked, describe these measures.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

1. PRIOR TO INITIATING ANY FORMAL ANNEXATION ACTIVITIES, CITIES WILL NOTIFY COUNTY OF PROPOSED ANNEXATION.

2. IF COUNTY HAS NO OBJECTION THEN CITY IS FREE TO PROCEED WITH ANNEXATION.

3. IF COUNTY OBJECTS THEN CITY MUST RESPOND TO COUNTY EITHER AGREEING WITH COUNTY'S STIPULATIONS OR CEASING ANNEXATION PROCESS OR BY REQUESTING A DECLARATORY JUDGMENT OR BY INITIATING A 30 DAY MEDIATION PROCESS.

4. What policies, procedures and/or processes have been established By local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

MACON COUNTY AND EACH MUNICIPALITY THAT PROVIDES WATER OR SEWER SERVICE HAVE FORMALLY ADOPTED WATER AND SEWER SERVICE BOUNDARIES. (SEE ATTACHED MAP). IN ADDITION, EACH WATER/SEWER PROVIDER HAS FORMALLY ADOPTED AN INTERGOVERNMENTAL AGREEMENT FOR THE PROVISION OF EXTRATERRITORIAL WATER/SEWER SERVICES. PRIOR TO THE INITIATION OF ANY EXTENSION OF WATER/SEWER SERVICES OUTSIDE THE ADOPTED SERVICE BOUNDARIES, THE PROVIDER PROPOSING THE EXTENSION WILL NOTIFY THE

AFFECTED JURISDICTION IN WRITING OF THE PROPOSED EXTENSION TO INCLUDE THE PURPOSE OF THE EXTENSION AND THE PROPOSED LAND USE ASSOCIATED WITH THE EXTENSION. WITHIN 15 WORKING DAYS, THE AFFECTED JURISDICTION WILL RESPOND TO THE PROPOSED EXTENSION BY EITHER INDICATING IT DOES OR DOES NOT OBJECT TO THE PROPOSED EXTENSION. IF NO OBJECTION IS RECEIVED, THEN THE PROVIDER IS FREE TO PROCEED WITH THE EXTENSION. HOWEVER, IF AN OBJECTION IS RAISED, THE PROVIDER PROPOSING THE EXTENSION SHALL RESPOND TO THE

OBJECTION WITHIN 15 DAYS BY AGREEING WITH THE OBJECTION AND STOPPING ACTION, OR AGREEING TO IMPLEMENT THE CONDITIONS PUT FORTH BY THE AFFECTED JURISDICTION, OR BY INITIATING A 30 DAY MEDIATION PROCESS OR DISAGREEING WITH THE AFFECTED JURISDICTIONS OBJECTIONS AND PROPOSES TO SEEK DECLARATORY JUDGMENT IN COURT.

5. Person completing form: **ROSELYN STARLING**

Phone Number: **912-472-7021** Date Completed: **August 26, 1999**

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? **YES**
If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS

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: **MACON**

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

NO CONFLICTS WERE IDENTIFIED.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
- amendments to existing plans
 - adoption of a joint comprehensive plan
 - other measures (amend zoning ordinances, add environmental regulations, etc)
- If "other measures" was checked, describe these measures.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

1. PRIOR TO INITIATING ANY FORMAL ANNEXATION ACTIVITIES, CITIES WILL NOTIFY COUNTY OF PROPOSED ANNEXATION.

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3. IF COUNTY OBJECTS THEN CITY MUST RESPOND TO COUNTY EITHER AGREEING WITH COUNTY'S STIPULATIONS OR CEASING ANNEXATION PROCESS OR BY REQUESTING A DECLARATORY JUDGMENT OR BY INITIATING A 30 DAY MEDIATION PROCESS.

4. What policies, procedures and/or processes have been established By local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

MACON COUNTY HAS A FULLTIME BUILDING INSPECTOR WHO WILL REVIEW ANY COUNTY PROJECTS BEFORE ISSUING PERMIT TO PROCEED.

All revised page 5/27

5. Person completing form: **ROSELYN STARLING**
Phone Number: **912-472-7021** Date Completed: **AUGUST 26, 1999**

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? **YES**
If not, provide designated contact person(s) and phone number(s) below:

**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; 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

SERVICE DELIVERY STRATEGY FOR MACON COUNTY

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 the 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));
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); and
5. The process for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE	NAME	TITLE	JURISDICTION	DATE
	Charles W. Allen, Jr.	Commission Chairman	Macon County	8/26/99
	Gerald Beckum	Mayor	City of Oglethorpe	8/26/99
	Preston C. Williams, Jr.	Mayor	City of Montezuma	8/26/99
	William Massey	Mayor	City of Marshallville	8/26/99
	Vannie Howard	Mayor	City of Ideal	8/26/99
	Ann H. Webb	Executive Director	Flint Area Consolidated Housing Authority	8/26/99
	Claude G. Fullerton, Jr.	Executive Director	Development Authority of Macon County	8/26/99
	Chip Wells	Chairman	Solid Waste Management of Crisp County	8/26/99

MACON COUNTY BOARD OF COMMISSIONERS

POST OFFICE BOX 297
OGLETHORPE, GEORGIA 31068
TELEPHONE (912) 472-7021
FAX (912) 472-5643

COMMISSIONERS:

CHARLES W. ALLEN, CHAIRMAN
ROOSEVELT JAMES, VICE-CHAIRMAN
RICHMOND FELTON, MEMBER
SIDNEY W. JONES, MEMBER
HENRY KLECKLEY, MEMBER

OFFICERS:

ROSELYN H. STARLING, CLERK
JON COOGLE, ATTORNEY

RECEIVED

SEP 21 P.M.

September 17, 1999

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

Dear Ms. Moran:

Following is our response to the items that were in question on the HB 489 plan that was previously submitted for Macon County:

Water Treatment- each city provides water to their city residents and also to the county residents as highlighted on the map previously sent.

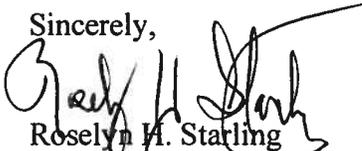
Street lighting- please substitute the revised sheet for the one originally sent.

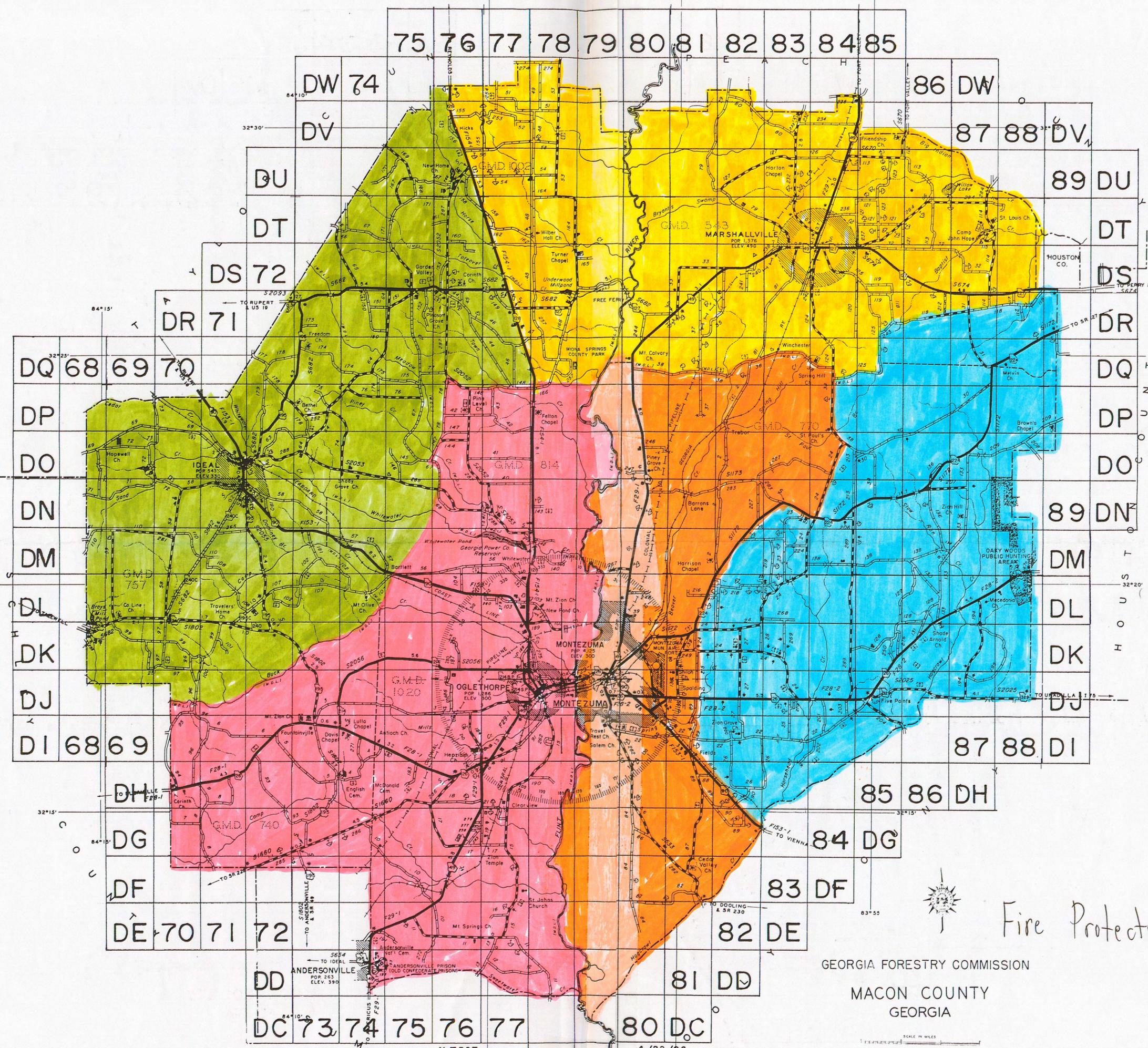
Sewage treatment- each city provides sewage treatment within the city limits.
The City of Oglethorpe is the only city that provides sewage treatment outside the city limits and they only provide it directly to the state prison. (Map enclosed)

Extraterritorial water/sewer services- Please substitute the revised page 3 as we have further clarified the policies, procedures on Question 4. (Map enclosed)

If you have any additional questions, or you need any additional information, please don't hesitate to contact this office.

Sincerely,


Roselyn H. Starling
County Clerk



blue
vol. FD
other colors covered
by respective
city FDs.



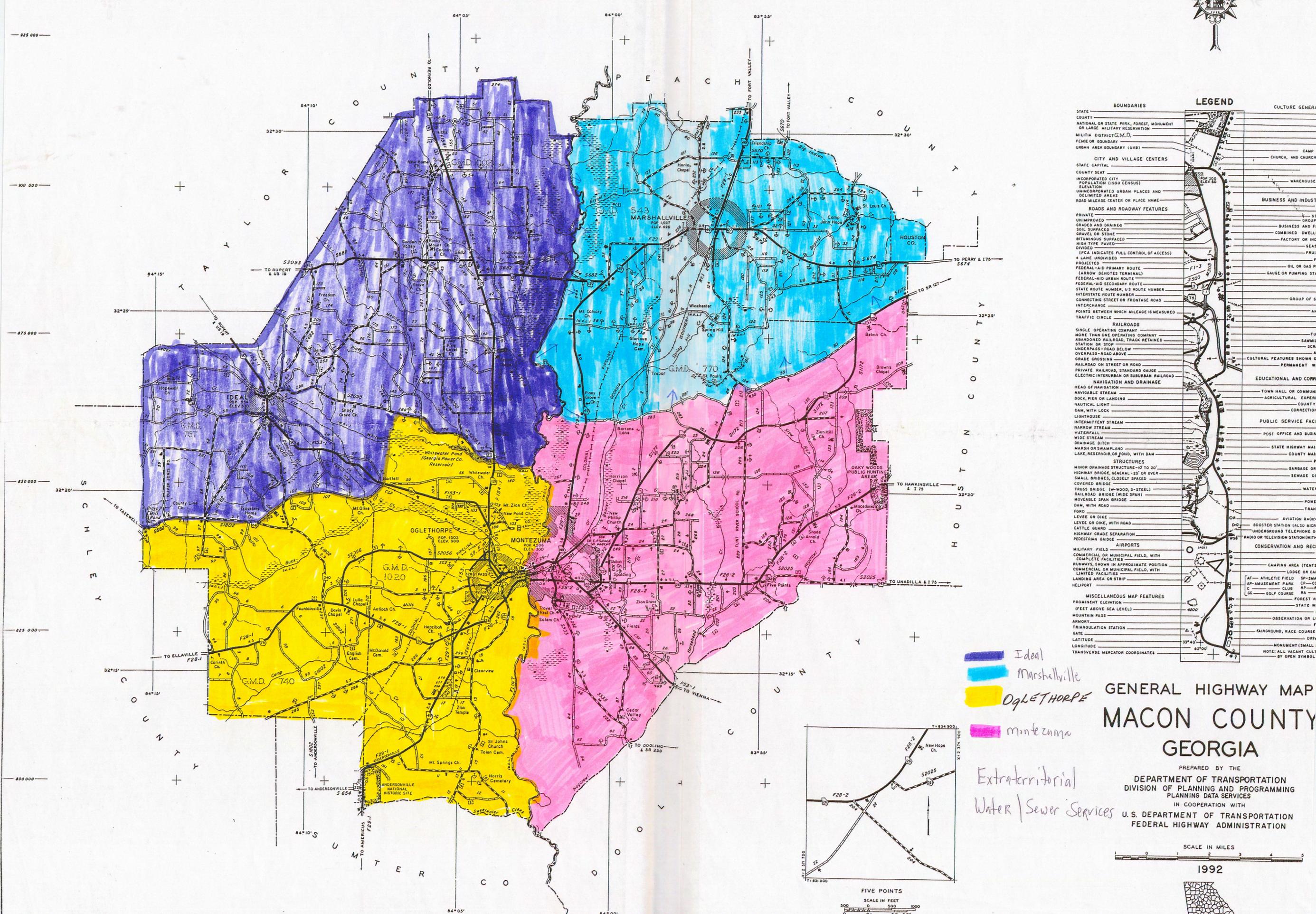
Fire Protection

GEORGIA FORESTRY COMMISSION
 MACON COUNTY
 GEORGIA

SCALE IN MILES

4/22/82

M. TROT
 E R

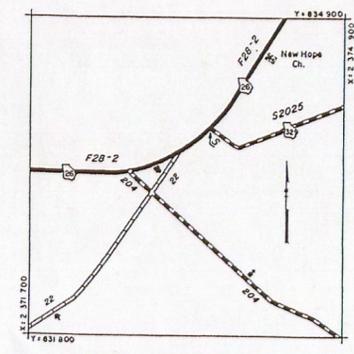
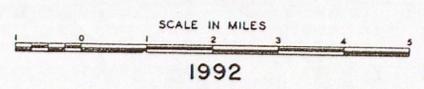


LEGEND	
BOUNDARIES	CULTURE GENERAL
STATE	NATIONAL OR STATE PARK, FOREST, MONUMENT OR LARGE MILITARY RESERVATION
COUNTY	MILITIA DISTRICT (M.D.)
NATIONAL OR STATE PARK, FOREST, MONUMENT OR LARGE MILITARY RESERVATION	FENCE OR BOUNDARY
MILITIA DISTRICT (M.D.)	URBAN AREA BOUNDARY (UAB)
FENCE OR BOUNDARY	CITY AND VILLAGE CENTERS
URBAN AREA BOUNDARY (UAB)	STATE CAPITAL
CITY AND VILLAGE CENTERS	COUNTY SEAT
STATE CAPITAL	INCORPORATED CITY
COUNTY SEAT	POPULATION (1990 CENSUS)
INCORPORATED CITY	ELEVATION
POPULATION (1990 CENSUS)	UNINCORPORATED URBAN PLACES AND DELIMITED AREAS
ELEVATION	ROAD MILEAGE CENTER OR PLACE NAME
UNINCORPORATED URBAN PLACES AND DELIMITED AREAS	ROADS AND ROADWAY FEATURES
ROAD MILEAGE CENTER OR PLACE NAME	PRIVATE
ROADS AND ROADWAY FEATURES	UNIMPROVED
PRIVATE	GRADED AND DRAINED
UNIMPROVED	SOIL SURFACED
GRADED AND DRAINED	GRAVEL OR STONE
SOIL SURFACED	BITUMINOUS SURFACED
GRAVEL OR STONE	HIGH TYPE PAVED
BITUMINOUS SURFACED	DIVIDED
HIGH TYPE PAVED	(IFCA INDICATES FULL CONTROL OF ACCESS)
DIVIDED	4 LANE UNDIVIDED
(IFCA INDICATES FULL CONTROL OF ACCESS)	PROJECTED
4 LANE UNDIVIDED	FEDERAL-AID PRIMARY ROUTE
PROJECTED	(ARROW DENOTES TERMINAL)
FEDERAL-AID PRIMARY ROUTE	FEDERAL-AID URBAN ROUTE
(ARROW DENOTES TERMINAL)	FEDERAL-AID SECONDARY ROUTE
FEDERAL-AID URBAN ROUTE	STATE ROUTE NUMBER, U.S. ROUTE NUMBER
FEDERAL-AID SECONDARY ROUTE	INTERSTATE ROUTE NUMBER
STATE ROUTE NUMBER, U.S. ROUTE NUMBER	CONNECTING STREET OR FRONTAGE ROAD
INTERSTATE ROUTE NUMBER	INTERCHANGE
CONNECTING STREET OR FRONTAGE ROAD	POINTS BETWEEN WHICH MILEAGE IS MEASURED
INTERCHANGE	TRAFFIC CIRCLE
POINTS BETWEEN WHICH MILEAGE IS MEASURED	RAILROADS
TRAFFIC CIRCLE	SINGLE OPERATING COMPANY
RAILROADS	MORE THAN ONE OPERATING COMPANY
SINGLE OPERATING COMPANY	ABANDONED RAILROAD, TRACK RETAINED
MORE THAN ONE OPERATING COMPANY	STATION OR STOP
ABANDONED RAILROAD, TRACK RETAINED	UNDERPASS—ROAD BELOW
STATION OR STOP	OVERPASS—ROAD ABOVE
UNDERPASS—ROAD BELOW	GRADE CROSSING
OVERPASS—ROAD ABOVE	RAILROAD ON STREET OR ROAD
GRADE CROSSING	PRIVATE RAILROAD, STANDARD GAUGE
RAILROAD ON STREET OR ROAD	ELECTRIC INTERURBAN OR SUBURBAN RAILROAD
PRIVATE RAILROAD, STANDARD GAUGE	NAVIGATION AND DRAINAGE
ELECTRIC INTERURBAN OR SUBURBAN RAILROAD	HEAD OF NAVIGATION
NAVIGATION AND DRAINAGE	NAVIGABLE STREAM
HEAD OF NAVIGATION	DOCK, PIER OR LANDING
NAVIGABLE STREAM	NAUTICAL LIGHT
DOCK, PIER OR LANDING	DAM, WITH LOCK
NAUTICAL LIGHT	LIGHTHOUSE
DAM, WITH LOCK	INTERMITTENT STREAM
LIGHTHOUSE	NARROW STREAM
INTERMITTENT STREAM	WATERFALL
NARROW STREAM	WIDE STREAM
WATERFALL	DRAINAGE DITCH
WIDE STREAM	MARSH OR SWAMPLAND
DRAINAGE DITCH	LAKE, RESERVOIR, OR POND, WITH DAM
MARSH OR SWAMPLAND	STRUCTURES
LAKE, RESERVOIR, OR POND, WITH DAM	MINOR DRAINAGE STRUCTURE—10' TO 20'
STRUCTURES	HIGHWAY BRIDGE, GENERAL—20' OR OVER
MINOR DRAINAGE STRUCTURE—10' TO 20'	SMALL BRIDGES, CLOSELY SPACED
HIGHWAY BRIDGE, GENERAL—20' OR OVER	COVERED BRIDGE
SMALL BRIDGES, CLOSELY SPACED	TRUSS BRIDGE (W-WOOD, S-STEEL)
COVERED BRIDGE	RAILROAD BRIDGE (WIDE SPAN)
TRUSS BRIDGE (W-WOOD, S-STEEL)	MOVABLE SPAN BRIDGE
RAILROAD BRIDGE (WIDE SPAN)	DAM, WITH ROAD
MOVABLE SPAN BRIDGE	FORD
DAM, WITH ROAD	LEVEE OR DIKE
FORD	LEVEE OR DIKE, WITH ROAD
LEVEE OR DIKE	CATTLE GUARD
LEVEE OR DIKE, WITH ROAD	HIGHWAY GRADE SEPARATION
CATTLE GUARD	PEDESTRIAN BRIDGE
HIGHWAY GRADE SEPARATION	AIRPORTS
PEDESTRIAN BRIDGE	MILITARY FIELD
AIRPORTS	COMMERCIAL OR MUNICIPAL FIELD, WITH COMPLETE FACILITIES
MILITARY FIELD	RUNWAYS, SHOWN IN APPROXIMATE POSITION
COMMERCIAL OR MUNICIPAL FIELD, WITH COMPLETE FACILITIES	COMMERCIAL OR MUNICIPAL FIELD, WITH LIMITED FACILITIES
RUNWAYS, SHOWN IN APPROXIMATE POSITION	LANDING AREA OR STRIP
COMMERCIAL OR MUNICIPAL FIELD, WITH LIMITED FACILITIES	HELIPORT
LANDING AREA OR STRIP	MISCELLANEOUS MAP FEATURES
HELIPORT	PROMINENT ELEVATION
MISCELLANEOUS MAP FEATURES	(FEET ABOVE SEA LEVEL)
PROMINENT ELEVATION	MOUNTAIN PASS
(FEET ABOVE SEA LEVEL)	ARMORY
MOUNTAIN PASS	TRIANGULATION STATION
ARMORY	GATE
TRIANGULATION STATION	LATITUDE
GATE	LONGITUDE
LATITUDE	TRANSVERSE MERCATOR COORDINATES
LONGITUDE	
TRANSVERSE MERCATOR COORDINATES	

Ideal
 Marshallville
 Oglethorpe
 Montezuma
 Extraterritorial
 Water / Sewer Services

GENERAL HIGHWAY MAP MACON COUNTY GEORGIA

PREPARED BY THE
 DEPARTMENT OF TRANSPORTATION
 DIVISION OF PLANNING AND PROGRAMMING
 PLANNING DATA SERVICES
 IN COOPERATION WITH
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION



1992



NOTES:
ALL LOCAL ROUTES ARE SHOWN IN PINK.