

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR POLK COUNTY PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
5. Complete one copy of the Summary of Land Use Agreements form (page 3).
6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
7. Mail the completed forms along with any attachments to:

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

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

- POLK COUNTY CITY OF TAYLORSVILLE CEDARTOWN DEVELOPMENT AUTH
CITY OF CEDARTOWN POLK COUNTY WATER AUTH ROCKMART DEVELOPMENT AUTH
CITY OF ROCKMART POLK DEVELOPMENT AUTH CEDARTOWN DOWNTOWN DEV AUTH
CITY OF ARAGON CEDARTOWN HOUSING AUTH
CITY OF BRASWELL -42 ROCKMART HOUSING AUTH

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 FORESTRY SERVICES RECREATION
AMBULANCE SERVICE FIRE PROTECTION RESCUE SERVICES
ANIMAL CONTROL GENERAL ELECTIONS ROAD CONST/PAVING
BUILDING INSPECTION INDUSTRIAL DEVELOPMENT ROAD/STREET MAINTENANCE
CEMETERIES JAIL SEWAGE SYSTEM
CIVIC ARTS LAW ENFORCEMENT SOLID WASTE COLLECTION
CODE ENFORCEMENT LIBRARY SOLID WASTE DISPOSAL
COMMUNITY/SR CTR MENTAL HEALTH STREET LIGHTING
CO. COURT SYSTEM MUNICIPAL COURT TAX ASSESSORS
CO. TAX COLLECTION MUNICIPAL TAX COLL. WELFARE/SOCIAL SERVICES
DOWNTOWN DEVELOPMENT PARKS WATER SYSTEM
E-911 PLANNING & ZONING
EMERGENCY MGT PUBLIC HEALTH
EXTENSION SERVICES PUBLIC HOUSING

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

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

County: POLK 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 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUNDS, 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:
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County: POLK Service: AMBULANCE 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 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:
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County: POLK 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 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.) CEDARTOWN, ROCKMART
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
CEDARTOWN	GENERAL FUNDS, FEES
ROCKMART	GENERAL FUNDS, 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY
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County: POLK 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.) POLK COUNTY, CEDARTOWN, ROCKMART, BRASWELL
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUNDS, USER FEES
CEDARTOWN	GENERAL FUNDS, USER FEES
ROCKMART	GENERAL FUNDS, USER FEES
BRASWELL	GENERAL FUNDS, USER FEES

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

POLK COUNTY AND CEDARTOWN WILL EXAMINE THE POSSIBILITY OF COMBINING THEIR SERVICES.

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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY
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County: POLK Service: CEMETARIES

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.) CEDARTOWN, ROCKMART
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

Local Government or Authority:	Funding Method:
CEPARTOWN	GENERAL FUNDS, FEES
ROCKMART	GENERAL FUNDS, 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY
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County: POLK Service: CIVIC ARTS

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

Local Government or Authority:

Funding Method:

CEDARTOWN	GENERAL FUNDS, FEES
ROCKMART	GENERAL FUNDS, 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 and Ending Dates:

NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER

Phone number: 770-749-2100 Date completed: 9/8/99

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

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

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

County: POLK Service: CODE ENFORCEMENT

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.)
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- 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.) POLK COUNTY, CEDARTOWN, ROCKMART, ARAGON
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUNDS
CEDARTOWN	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
ARAGON	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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER

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

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County: POLK Service: COMMUNITY/SENIOR CENTERS

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

Local Government or Authority:	Funding Method:
CEDARTOWN	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
ARAGON	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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
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County: POLK Service: COUNTY COURTS SYSTEM

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

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

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

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUND

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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: COUNTY 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.)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: DOWNTOWN DEVELOPMENT

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.) CEDARTOWN, ROCKMART
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

CEDARTOWN	GENERAL FUNDS
ROCKMART	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 and Ending Dates:

NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: E-911

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: EMERGENCY MANAGEMENT

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
 Phone number: 770-749-2100 Date completed: 9/8/99

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

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

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

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

County: POLK Service: EXTENSION 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.)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

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

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

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

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

County: POLK Service: FORESTRY 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.)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK 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.) Polk Co, Cedartown, Rockmart, Aragon. (see attached)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
Polk County	General Funds
Cedartown	General Funds
Rockmart	General Funds
Aragon	General Funds

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

See attached.

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		

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

None

7. Person completing form:

Clinton Lester, Co Mgr

Phone number: 770-749-2100

Date completed: 9/8/99

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

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

FIRE PROTECTION: SUPPLEMENTAL

Polk County provides County wide fire protective services via all volunteer staffed units.

Cedartown and Rockmart provide full-time staffed units to have a higher level of service within their corporate limits.

Aragon provides a semi-staffed unit within its corporate limits.

During the 489 discussions between the county and the cities it was agreed that while the existing service delivery arrangements were satisfactory now, it was agreed to examine over the next ten years the possibility of combining some of these service agencies.

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

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

County: POLK Service: GENERAL ELECTIONS

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: INDUSTRIAL DEVELOPMENT

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.) Identified below
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

POLK COUNTY	GENERAL FUND
CEDARTOWN	GENERAL FUND
ROCKMART	GENERAL FUND
POLK CO DEV AUTH	GENERAL FUNDS, FEES
CEDARTOWN DEV AUTH	GENERAL FUNDS, FEES
ROCKMART DEV AUTH	GENERAL FUNDS, 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 and Ending Dates:

NONE		

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

NONE

7. Person completing form:

CLINTON LESTER

Phone number: 770 749 2100

Date completed: 9/8/99

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

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

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

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

County: POLK 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.)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUNDS, FINES, 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 and Ending Dates:
NONE		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK COUNTY Service: LAW ENFORCEMENT

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.) CEDARTOWN, ARAGON, ROCKMART, BRASWELL, POLK COUNTY
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority	Funding Method
POLK COUNTY	GENERAL FUND
CEDARTOWN	GENERAL FUND
ROCKMART	GENERAL FUND
ARAGON	GENERAL FUND
BRASWELL	GENERAL FUND

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

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: NONE

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

NONE

7. Person completing form: CLINTON LESTER
Phone number: 770 749 2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

LAW ENFORCEMENT SUPPLEMENTAL

POLK COUNTY PROVIDES COUNTY WIDE LAW ENFORCEMENT VIA THE SHERIFFS DEPARTMENT, THE COUNTY POLICE, AND THE ANTIDRUG UNIT.

CEDARTOWN, ROCKMART, ARAGON, AND BRASWELL EACH PROVIDE A POLICE DEPARTMENT TO SERVE WITHIN THEIR CORPORATE LIMITS (I.E. A HIGHER LEVEL OF SERVICE).

THE ENTITIES AGREE TO KEEP THIS ARRANGEMENT, WHICH HAS BEEN IN EXISTENCE FOR MANY YEARS, FOR THE PRESENT TIME. HOWEVER, DURING THE 489 DISCUSSIONS IT WAS AGREED TO EXAMINE WITHIN TEN YEARS THE POSSIBILITY OF COMBINING ONE OR MORE OF THESE AGENCIES TO DETERMINE IF SUCH WOULD BE MORE EFFECTIVE.

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

Instructions:

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

County: POLK COUNTY 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.)
- 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.) Cedartown, Rockmart, Polk County
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUND
CEDARTOWN	GENERAL FUND
ROCKMART	GENERAL FUND

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER

Phone number: 770 749 2100 Date completed: 9/8/99

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

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

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

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

County: POLK Service: MENTAL HEALTH

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: MUNICIPAL COURT

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.) CEDARTOWN, ROCKMART, ARAGON
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
CEDARTOWN	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
ARAGON	GENERAL FUNDS
BRASWELL	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 and Ending Dates:
NONE		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: MUNICIPAL 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.)
- 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.) CEDARTOWN, ROCKMART, ARAGON, BRASWELL
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

CEDARTOWN	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
ARAGON	GENERAL FUNDS
BRASWELL	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 and Ending Dates:

NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER

Phone number: 770-749-2100 Date completed: 9/8/99

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

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

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

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

County: POLK 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.) CEDARTOWN, ROCKMART, ARAGON, TAYLORSVILLE
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
CEDARTOWN	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
ARAGON	GENERAL FUNDS
TAYLORSVILLE	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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: PLANNING AND 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.)
- 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.) POLK COUNTY, CEDARTOWN, ROCKMART, TAYLORSVILLE
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUNDS, FEES
CEDARTOWN	GENERAL FUNDS, FEES
ROCKMART	GENERAL FUNDS, FEES
TAYLORSVILLE	VOLUNTEER BASIS FOR PLANNING ONLY

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 and Ending Dates:
NONE		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: PUBLIC HEALTH

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK 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 and Ending Dates: _____

NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: PUBLIC 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.)
- 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.) CEDARTOWN HOUSING AUTH, ROCKMART HOUSING AUTHORITY
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
CEDARTOWN HOUSING AUTH	USER FEES, GRANT FUNDS
ROCKMART HOUSING AUTH	USER FEES, GRANT 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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK 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.) Cedartown, Rockmart, Aragon, Taylorsville, Polk County
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUND
CEDARTOWN	GENERAL FUND, USER FEES
ROCKMART	GENERAL FUND, USER FEES
ARAGON	GENERAL FUND, USER FEES
TAYLORSVILLE	GENERAL FUND

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

NONE (SEE ATTACHED)

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER

Phone number: 770 749 2100 Date completed: 9/8/99

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

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

RECREATION SUPPLEMENTAL

The cities of Cedartown, Rockmart, Aragon each have a variety of recreational facilities (Taylorsville has tennis courts only) within their corporate boundaries.

The county does not own or operate any recreational facilities either in the incorporated areas or unincorporated areas. The state owns a recreational trail running through a portion of the county.

The county provides supplemental funding to Cedartown, Rockmart, and Aragon to assist with the costs of municipal recreation so that all citizens, including those in the unincorporated areas, may enjoy the available facilities.

There is no change in this arrangement which has been in place for years, but the amount of county financial aid to the cities was increased by agreement as a result of the 489 discussions.

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

Instructions:

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

County: POLK Service: RESCUE 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.)
- 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.)
POLK COUNTY, CEDARTOWN, ROCKMART

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes No

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

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

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

Local Government or Authority:

Funding Method:

POLK COUNTY	GENERAL FUNDS
ROCKMART	GENERAL FUNDS
CEDARTOWN	GENERAL FUNDS

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

POLK COUNTY WILL PROVIDE FUNDING FOR A NEW RESCUE TRUCK TO THE CITY OF ROCKMART

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 and Ending Dates:

NONE		

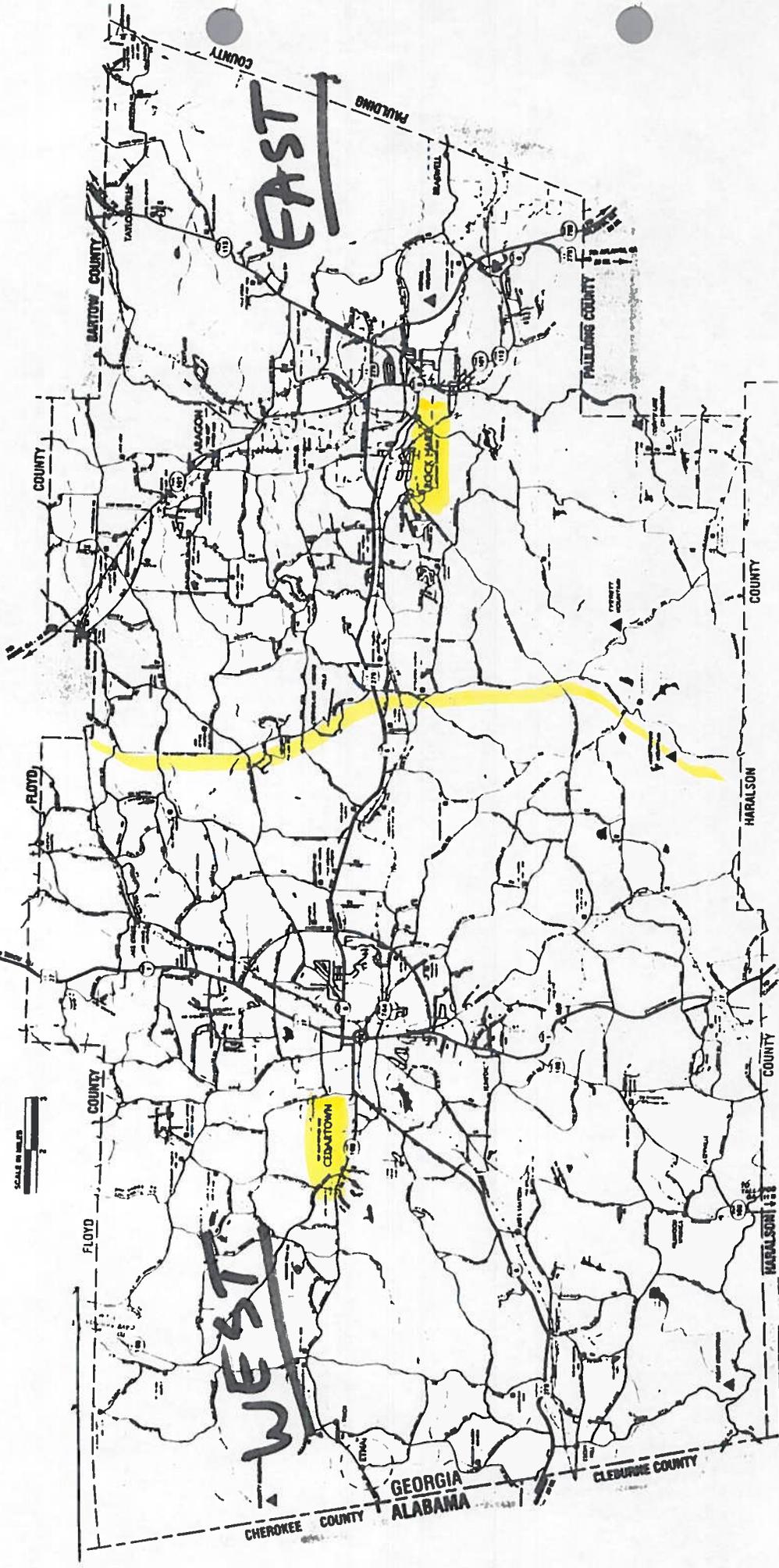
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

POLK COUNTY, GA



Rescue Services

WEST

Cedartown FD
with Polk County
assistance provides
Rescue services

EAST

Rockmart FD
with Polk County
assistance provides
Rescue services

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

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

County: POLK Service: ROAD CONSTRUCTION/PAVING

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.) Each entity listed below provides construction services but Polk Co provides paving services to the entities.
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

POLK COUNTY	GENERAL FUND, GRANTS
CEDARTOWN	GENERAL FUND, GRANTS
ROCKMART	GENERAL FUND, GRANTS
ARAGON	GENERAL FUND, 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 and Ending Dates:

NONE		

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

NONE

CLINTON LESTER

7. Person completing form: _____
Phone number: 770 749 2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: ROAD/STREET MAINTENANCE

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.) Cedartown, Rockmart, Aragon, Braswell, Polk County
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
Polk County	General Fund
Cedartown	General Fund
Rockmart	General Fund
Aragon	General Fund
Braswell	General Fund

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

None

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		

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

None

7. Person completing form: Clinton Lester
 Phone number: 770 749 2100 Date completed: 9/8/99

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

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

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

Instructions:

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

County: POLK Service: SEWAGE SYSTEM

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.) Cedartown, Rockmart and Polk Water Authority
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority: Funding Method:

Local Government or Authority:	Funding Method:
CEDARTOWN	USER FEES
ROCKMART	USER FEES
POLK COUNTY WATER AUTH	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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER
Phone number: 770 749 2100 Date completed: 9/8/99

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

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

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

Instructions:

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

County: POLK Service: SOLID WASTE 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.) CEDARTOWN, ROCKMART, ARAGON, BRASWELL. SEE ATTACHED.
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
CEDARTOWN	ENTERPRISE FUND
ROCKMART	ENTERPRISE FUND
ARAGON	ENTERPRISE FUND
BRASWELL	ENTERPRISE FUND

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 and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER
 Phone number: 770-749-2100 Date completed: 10/8/99

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

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

SOLID WASTE COLLECTION: SUPPLEMENTAL

THE CITIES OF CEDARTOWN, ROCKMART, ARAGON AND BRASWELL PROVIDE SOLID WASTE COLLECTION FOR THE RESIDENTS INSIDE THEIR CORPORATE LIMITS. POLK COUNTY HAS SOME CONVENIENCE CENTERS (RECYCLING BINS ETC) BUT PROVIDES NO HOUSE-TO-HOUSE COLLECTION.

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

Instructions:

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

County: POLK Service: SOLID WASTE DISPOSAL

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

POLK COUNTY	ENTERPRISE FUNDS, 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 and Ending Dates:

NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
 Phone number: 770-749-2100 Date completed: 9/8/99

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

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

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

Instructions:

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

County: POLK 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.) Cedartown, Rockmart, Aragon, Braswell
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
Cedartown	General Funds
Rockmart	General Funds
Aragon	General Funds
Braswell	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
None

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

Agreement Name: None

Contracting Parties:

Effective and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Clinton Lester
Phone number: 770 749 2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

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

County: POLK Service: TAX ASSESSORS

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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUND

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: WELFARE/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.)
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
POLK COUNTY	GENERAL FUND, 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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		

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

NONE

7. Person completing form: CLINTON LESTER, COUNTY MANAGER
 Phone number: 770-749-2100 Date completed: 9/8/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No
 If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: POLK Service: WATER SYSTEMS

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.) CEDARTOWN, ROCKMART, POLK COUNTY WATER AUTHORITY
- 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 the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

ATTACHED

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

Local Government or Authority:

Funding Method:

Local Government or Authority:	Funding Method:
CEDARTOWN	ENTERPRISE FUND, USER FEES
ROCKMART	ENTERPRISE FUND, USER FEES
POLK CO WATER AUTH	USER FEES

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

The cities may contract with Polk Water Authority to provide water service to areas that may be annexed in the near future.

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 and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Hwy 27 N Indust Park Water Service Agree.	Cedartown and Polk Co Water Auth	4/1/98 - 4/2018

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?

see attached

7. Person completing form: Clinton Lester

Phone number: 770 749 2100 Date completed: 9/8/99

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

If not, provide designated contact person(s) and phone number(s) below: James Stephens 770-748-6001

WATER SYSTEMS

CEDARTOWN'S WATER DISTRIBUTION SYSTEM EXTENDS OUTSIDE THE INCORPORATED AREAS OF CEDARTOWN ON COLLEGE DRIVE, CHEROKEE CIRCLE, CHEROKEE ROAD, CASON ROAD, COLLARD VALLEY ROAD, VALLEY ROAD, WOODLAND, HILLSIDE DRIVE, PINECREST CIRCLE, EASTVIEW DRIVE, AND WESTVIEW DRIVE.

ROCKMART'S WATER DISTRIBUTION SYSTEM EXTENDS OUTSIDE THE INCORPORATED AREAS OF ROCKMART ON OLD CEDARTOWN ROAD, MORGAN VALLEY, HILLSIDE, FAIRVIEW ROAD, PINE STREET, FELTON HEIGHT, SPRINGDALE AND FAIRVIEW.

POLK COUNTY WATER AUTHORITY SERVES, WITH CEDARTOWN'S CONSENT, A SMALL AREA ON THE SOUTH SIDE OF CEDARTOWN INSIDE THE INCORPORATED AREA OF CEDARTOWN, AND AS WELL, THE CITIES OF ARAGON, TAYLORSVILLE AND BRASWELL.

CEDARTOWN HAS INDICATED THAT THEIR OUTSIDE RATES ARE NOT ARBITRARY AND ROCKMART HAS INDICATED THAT THEIR OUTSIDE RATES ARE NOT ARBITRARY, AND THE POLK COUNTY WATER AUTHORITY DOES NOT BILL ANY ARBITRARY RATES.

POLK COUNTY DOES NOT PARTICIPATE IN THE DELIVERY OF WATER SYSTEM SERVICES. POLK COUNTY AGREES WITH THE DELIVERY ARRANGEMENTS FOR WATER AS DETERMINED BY AND PROVIDED BY THE WATER ENTITIES, AND SUPPORTS THE STATEMENTS AND FINDINGS OF THESE ENTITIES.

**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: POLK

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

NONE

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

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.

POLK COUNTY AND THE CITIES HAVE SIGNED A RESOLUTION ESTABLISHING A PROCESS FOR DISPUTE RESOLUTION TO FOLLOW IN CASES OF DISPUTE INVOLVING PROPERTY ANNEXATION AND LAND USE. (COPY ATTACHED)

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?

THE RECEIVING JURISDICTION WILL REQUEST AND/OR APPROVE ANY EXTRATERRITORIAL WATER AND SEWER EXTENSIONS PRIOR TO CONSTRUCTION.

5. Person completing form: CLINTON LESTER
Phone number: 770 749 2100 Date completed: 9/8/99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No

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

INTER-GOVERNMENTAL LAND-USE DISPUTE RESOLUTION AGREEMENT

GEORGIA,
POLK COUNTY.

This Agreement is made and entered into effective as of June 2, 1998 between Polk County, Georgia a political subdivision of the State of Georgia acting by and through its duly elected authorized Board of Commissioners, (sometimes hereinafter referred to as "the County"), the City of Cedartown, Georgia, the City of Rockmart, Georgia and the City of Aragon, Georgia, being all of the duly constituted municipal corporations within the State of Georgia and County of Polk, acting by and through their respective elected City officials, (hereinafter sometimes referred to as the "Cities").

W I T N E S S E T H:

WHEREAS, these parties are desirous of establishing a process for resolving disputes pertaining to land use and zoning issues within Polk County, Georgia which may arise pursuant to O.C.G.A. §36-70-24 (4) (c); and

WHEREAS, this agreement shall govern any future disputes between the parties for the benefit of all citizens of Polk County, Georgia;

NOW, THEREFORE, for in and consideration of the mutual promises and benefits flowing between these parties, they do agree as follows:

1.

This agreement only applies to the resolution of land use classification disputes when Polk County objects to any proposed

land use of an area to be annexed into a municipality within the County as contemplated by O.C.G.A. §36-70-24 (4) (c).

2.

Upon receipt of written notification of a proposed annexation of land being given to the County by the City as required in O.C.G.A. §36-36-6 and §36-36-9, the County shall have ten (10) business days to:

(A) Indicate that the County has no objection to the proposed land use for the property to be annexed, and thus no objection to the annexation proceeding;

(B) Describe its bona fide objections, pursuant to the appropriate provisions of Georgia law, to the City's proposed land use classification, by the County providing supporting information and listing any possible stipulations or conditions that would eliminate the county's objection and allow the annexation to proceed.

The absence of written notification by the County shall be construed to mean the City may proceed with the annexation in compliance with the applicable state and local laws (ordinances). No subsequent objections under this process may be filed by the County for the annexation under consideration.

3.

If the County serves notice of its intent to object, the objection shall be submitted to the Governing Authority of the County at its next regularly scheduled meeting for consideration. The objection shall be considered valid for the purposes of

invoking the provisions of this process only upon a majority vote of the Governing Authority of the County being in favor of the objection. If the Governing Authority of the County fails to act on the intent to object within thirty (30) business days, then no objection shall be considered to exist for purposes of this process.

4.

If the County's vote of objection is completed pursuant to paragraph 3 hereof, then the County shall notify the City that it has a "bona fide land use classification objection" as that term is defined presently under O.C.G.A. §36-36-11(a). No objection shall be considered unless it complies with the appropriate provisions of Georgia law which define "bona fide land use classification". The City shall respond to the County's objection, in writing, within ten (10) working days of receiving the County's objections by complying with one or more of the following alternatives:

(A) Agreeing to implement the County's stipulations and conditions, thereby resolving the County's objections so that annexation may proceed; or

(B) Agreeing that the County's objections must stop any action on the proposed annexation, and so notify the affected property owner(s) that the proposed annexation has ended and will not proceed by the City; or

(C) Disagreeing that the County's objections are "bona fide land use classification objections" as contemplated by Georgia

law. In the event the City disagrees that the objections comply with Georgia law, the City may seek a declaratory judgment action in the Superior Court of Polk County, Georgia to resolve the legal issue of compliance with Georgia law concerning the land use classification objection; or

(D) Submit the matter to the Board of Annexation Appeals and the method of mediation of the dispute, as contemplated by paragraphs 6 and 7 of this Agreement.

5.

In the event the City and County are unable to agree on the mitigation measures, or other matters involved in the proposed annexation, then the disputed issues shall be referred to a Board of Annexation Appeals. This Board shall be composed of three (3) members, one (1) appointed by the City, one (1) appointed by the County and a third (3rd) member appointed by agreement of the City and County. These members shall not be elected, appointed or staff members of either of the respective governing authorities. The Board of Appeals shall convene a hearing within ten (10) days of their appointment and shall be presented such evidence, facts, circumstances or other information as may be pertinent by the City and County as to their positions concerning the annexation conflicts. Within ten (10) days of the hearing, the Board shall reduce to writing its decision, the decision being made by a majority of its members. This decision shall be forthwith communicated to the City and County. Either party may appeal this decision within twenty (20) days to mediation as set forth in

paragraph 6. Failure to appeal within the twenty (20) day period shall mean that the decision of the Board of Annexation Appeals shall be final and conclusive; unless the County certifies that its objections remain to the land use classification. In this event, mediation shall occur pursuant to paragraph 6 hereof.

6.

In the event either the City or County should appeal, within the twenty (20) day period allowed by paragraph 5, the decision of the Board of Annexation Appeals, then this continuing dispute shall be referred to a mediator who is certified under Georgia law to provide professional mediation services. The mediator shall be chosen upon agreement of the parties, and if they are unable to agree, the Board of Annexation Appeals shall choose the mediator to preside over the continuing dispute between the City and County. All costs and associated expenses of mediation shall be equally borne by the City and County. The decision of the mediator shall be binding upon each of the Governing Authorities, their respective elected and appointed officials, successors and assigns; unless the County invokes its decision in writing to continue the dispute, based upon its position that there continues bona fide land use classification objections to the annexation, as contemplated by Georgia law, even after the mediation process has been completed. The County shall notify the City in writing within thirty (30) days if the County plans to continue its objection to the annexation. Upon written notice of the objection, the annexation shall not occur and the mediation process shall be

completed. Otherwise, the decision of the mediation shall be final and conclusive on the parties, their successors and assigns.

7.

It is understood and agreed that any final decision through the Board of Appeals and/or mediator shall include a determination as to whether the annexation shall occur; and if it is to occur, any and all conditions, requirements, special zoning classifications, special use requirements or similar matters that may be required for annexation shall be reduced to writing. If the City and County reach agreement as a result of their own decision, or through the Board of Appeals and/or mediation, they shall draft an annexation agreement for execution by the City and County governments, together with execution by the property owners involved in the annexation, which covers all bona fide land use objections which may exist.

8.

This intergovernmental agreement shall be binding upon the parties, their successors and assigns. It is accomplished and shall be construed as an intergovernmental-land use dispute resolution agreement, as contemplated by Georgia law. This agreement shall also remain in full force and effect unless otherwise terminated, modified or abrogated by operation of law. This agreement shall be binding upon the parties, their successors and assigns.

IN WITNESS WHEREOF, each of the parties have hereunto placed their hands and affixed the official seal of their

governmental entity accomplished to be effective on the day and year first above written.

POLK COUNTY, GEORGIA

BY: Billy Croker
Chairman Board of Commissioners

ATTEST: Jerry J. McDowell
Secretary

Signed, sealed and delivered in the presence of:

John O. Turner
Witness
[Signature]
Notary Public

CITY OF CEDARTOWN

BY: Bobby Alexander
Chairman, Cedartown City Commission

ATTEST: Emily Shaw
Clerk, Cedartown City Commission

Signed, sealed and delivered in the presence of:

Patti J. Powell
Witness
Judi H. Warner
Notary Public

NOTARY PUBLIC, POLK COUNTY, GA
MY COMMISSION EXPIRES JUNE 13, 2000
EXECUTED BEFORE ME
THIS 27th DAY OF May, 19 98

CITY OF ROCKMART

BY: Steven Smith
Mayor

ATTEST: Kevin Butler
Clerk, City of Rockmart

Signed, sealed and delivered in the presence of:

Rosa Turner
Witness
Francis Long
Notary Public

Notary Public, Polk County, Georgia
My Commission Expires April 17, 1999

CITY OF ARAGON

BY: Sinda Garjany
Mayor

ATTEST: Helen A. Waters
Clerk, City of Aragon

Signed, sealed and delivered in the presence of:

Annette Bishop
Witness
Jerry Shaw
Notary Public

Notary Public, Polk County, Georgia
My Commission Expires Oct. 22, 2000

**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: POLK

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

NONE

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

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.

POLK COUNTY AND THE CITIES HAVE SIGNED A RESOLUTION ESTABLISHING A PROCESS FOR DISPUTE RESOLUTION TO FOLLOW IN CASES OF DISPUTE INVOLVING PROPERTY ANNEXATION AND LAND USE. (COPY ATTACHED)

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?

THE RECEIVING JURISDICTION WILL REQUEST AND/OR APPROVE ANY EXTRATERRITORIAL WATER AND SEWER EXTENSIONS PRIOR TO CONSTRUCTION.

5. Person completing form: CLINTON LESTER
Phone number: 770 749 2100 Date completed: 9/8/99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No

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

INTER-GOVERNMENTAL LAND-USE DISPUTE RESOLUTION AGREEMENT

GEORGIA,
POLK COUNTY.

This Agreement is made and entered into effective as of June 2 _____, 1998 between Polk County, Georgia a political subdivision of the State of Georgia acting by and through its duly elected authorized Board of Commissioners, (sometimes hereinafter referred to as "the County"), the City of Cedartown, Georgia, the City of Rockmart, Georgia and the City of Aragon, Georgia, being all of the duly constituted municipal corporations within the State of Georgia and County of Polk, acting by and through their respective elected City officials, (hereinafter sometimes referred to as the "Cities").

W I T N E S S E T H:

WHEREAS, these parties are desirous of establishing a process for resolving disputes pertaining to land use and zoning issues within Polk County, Georgia which may arise pursuant to O.C.G.A. §36-70-24 (4) (c); and

WHEREAS, this agreement shall govern any future disputes between the parties for the benefit of all citizens of Polk County, Georgia;

NOW, THEREFORE, for in and consideration of the mutual promises and benefits flowing between these parties, they do agree as follows:

1.

This agreement only applies to the resolution of land use classification disputes when Polk County objects to any proposed

land use of an area to be annexed into a municipality within the County as contemplated by O.C.G.A. §36-70-24 (4) (c).

2.

Upon receipt of written notification of a proposed annexation of land being given to the County by the City as required in O.C.G.A. §36-36-6 and §36-36-9, the County shall have ten (10) business days to:

(A) Indicate that the County has no objection to the proposed land use for the property to be annexed, and thus no objection to the annexation proceeding;

(B) Describe its bona fide objections, pursuant to the appropriate provisions of Georgia law, to the City's proposed land use classification, by the County providing supporting information and listing any possible stipulations or conditions that would eliminate the county's objection and allow the annexation to proceed.

The absence of written notification by the County shall be construed to mean the City may proceed with the annexation in compliance with the applicable state and local laws (ordinances). No subsequent objections under this process may be filed by the County for the annexation under consideration.

3.

If the County serves notice of its intent to object, the objection shall be submitted to the Governing Authority of the County at its next regularly scheduled meeting for consideration. The objection shall be considered valid for the purposes of

invoking the provisions of this process only upon a majority vote of the Governing Authority of the County being in favor of the objection. If the Governing Authority of the County fails to act on the intent to object within thirty (30) business days, then no objection shall be considered to exist for purposes of this process.

4.

If the County's vote of objection is completed pursuant to paragraph 3 hereof, then the County shall notify the City that it has a "bona fide land use classification objection" as that term is defined presently under O.C.G.A. §36-36-11(a). No objection shall be considered unless it complies with the appropriate provisions of Georgia law which define "bona fide land use classification". The City shall respond to the County's objection, in writing, within ten (10) working days of receiving the County's objections by complying with one or more of the following alternatives:

(A) Agreeing to implement the County's stipulations and conditions, thereby resolving the County's objections so that annexation may proceed; or

(B) Agreeing that the County's objections must stop any action on the proposed annexation, and so notify the affected property owner(s) that the proposed annexation has ended and will not proceed by the City; or

(C) Disagreeing that the County's objections are "bona fide land use classification objections" as contemplated by Georgia

law. In the event the City disagrees that the objections comply with Georgia law, the City may seek a declaratory judgment action in the Superior Court of Polk County, Georgia to resolve the legal issue of compliance with Georgia law concerning the land use classification objection; or

(D) Submit the matter to the Board of Annexation Appeals and the method of mediation of the dispute, as contemplated by paragraphs 6 and 7 of this Agreement.

5.

In the event the City and County are unable to agree on the mitigation measures, or other matters involved in the proposed annexation, then the disputed issues shall be referred to a Board of Annexation Appeals. This Board shall be composed of three (3) members, one (1) appointed by the City, one (1) appointed by the County and a third (3rd) member appointed by agreement of the City and County. These members shall not be elected, appointed or staff members of either of the respective governing authorities. The Board of Appeals shall convene a hearing within ten (10) days of their appointment and shall be presented such evidence, facts, circumstances or other information as may be pertinent by the City and County as to their positions concerning the annexation conflicts. Within ten (10) days of the hearing, the Board shall reduce to writing its decision, the decision being made by a majority of its members. This decision shall be forthwith communicated to the City and County. Either party may appeal this decision within twenty (20) days to mediation as set forth in

paragraph 6. Failure to appeal within the twenty (20) day period shall mean that the decision of the Board of Annexation Appeals shall be final and conclusive; unless the County certifies that its objections remain to the land use classification. In this event, mediation shall occur pursuant to paragraph 6 hereof.

6.

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completed. Otherwise, the decision of the mediation shall be final and conclusive on the parties, their successors and assigns.

7.

It is understood and agreed that any final decision through the Board of Appeals and/or mediator shall include a determination as to whether the annexation shall occur; and if it is to occur, any and all conditions, requirements, special zoning classifications, special use requirements or similar matters that may be required for annexation shall be reduced to writing. If the City and County reach agreement as a result of their own decision, or through the Board of Appeals and/or mediation, they shall draft an annexation agreement for execution by the City and County governments, together with execution by the property owners involved in the annexation, which covers all bona fide land use objections which may exist.

8.

This intergovernmental agreement shall be binding upon the parties, their successors and assigns. It is accomplished and shall be construed as an intergovernmental-land use dispute resolution agreement, as contemplated by Georgia law. This agreement shall also remain in full force and effect unless otherwise terminated, modified or abrogated by operation of law. This agreement shall be binding upon the parties, their successors and assigns.

IN WITNESS WHEREOF, each of the parties have hereunto placed their hands and affixed the official seal of their

governmental entity accomplished to be effective on the day and year first above written.

POLK COUNTY, GEORGIA
BY: Billy Croker
Chairman Board of Commissioners
ATTEST: Jerry J. McDowell
Secretary

Signed, sealed and delivered in the presence of:
Sharon O. Turner
Witness
[Signature]
Notary Public

CITY OF CEDARTOWN
BY: Bobby Alexander
Chairman, Cedartown City Commission
ATTEST: Emily Shaw
Clerk, Cedartown City Commission

Signed, sealed and delivered in the presence of:
Patti J. Rowell
Witness
Judi H. Warner
Notary Public

CITY OF ROCKMART
BY: Steven B. Smith
Mayor
ATTEST: Perry Barber
Clerk, City of Rockmart

NOTARY PUBLIC, POLK COUNTY, GA
MY COMMISSION EXPIRES JUNE 13, 2000
EXECUTED BEFORE ME
THIS 27th DAY OF May, 19 98

Signed, sealed and delivered in the presence of:
Sinda Gayaway
Witness
Francis H. Long
Notary Public

CITY OF ARAGON
BY: Sinda Gayaway
Mayor
ATTEST: Helen A. Waters
Clerk, City of Aragon

Notary Public, Polk County, Georgia
My Commission Expires April 17, 1999

Signed, sealed and delivered in the presence of:
Annette Bishop
Witness
Jerry Shaw
Notary Public

Notary Public, Polk County, Georgia
My Commission Expires Oct. 22, 2001

**SERVICE DELIVERY STRATEGY
CERTIFICATIONS**

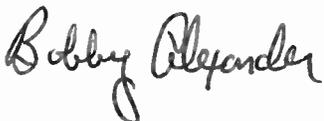
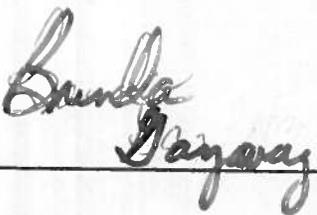
Instructions:

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

SERVICE DELIVERY STRATEGY FOR POLK 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 a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
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(es) 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: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	BILLY CROKER	CHAIRMAN, BD OF COMM	POLK CO	10/11/99
	BOBBY ALEXANDER	CHAIRMAN, CITY COMM	CEDARTOWN	10/11/99
	STEVE SMITH	MAYOR	ROCKMART	10-11-99
	BRENDA GAZAWAY	MAYOR	ARAGON	10/12/99