

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
SERVICE DELIVERY STRATEGY**

FOR THOMAS 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](http://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.*

Payroll Development Authority, Emergency Services Authority, City of Barwick, City of Pavo, City of Meigs, City of Ochlocknee, City of Thomasville, City of Boston, City of Coolidge, Thomas County

**III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:**

For each service listed here, a separate *Summary of Service Delivery Arrangements* form (page 2) must be completed.

Animal Control	Economic Development	Municipal Tax Collection
Building & Grounds Maintenance	Emergency Services	Planning & Zoning
Building Inspection	Extension Service	Records Management
Cemetery	Engineering (Civil)	Recreation/Parks
Community Improvements	Fleet Maintenance	Risk Management
Coroner	Geographic Information Service	Sanitation/Collection
County Buildings	Health Services	Sanitation/Landfill
County Prison & Jail	Human Resources	Street Sweeping
County Roads	Library Services	Tax Administration
County Shop	Main Street & Better Hometown	Tourism
Court System - State Mandated	Municipal Elections	Utilities
Courts/Municipal	Municipal Police	Voter Registration
County Management	Municipal Streets/Public Works	Welfare
County Sheriff		
Drug Task Force		

# 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: Thomas 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.)

**Thomasville - Thomas County Humane Society**

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:
Thomas County	General Funds
Humane Society	Private Funds

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

N/A

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:

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?

### Animal Control Agreement

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  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: Thomas Service: Building & Grounds 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.)  
Thomasville
- 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:
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# 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: Thomas 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.)  
Thomasville, Thomas County (contracts service for Meigs, Ochlocknee, Boston)
- 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:
Thomasville	General Funds
Thomas County	User Fees

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

**Instructions:**

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

County: Thomas Service: Cemeteries

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  
**Boston, Meigs, Ochlocknee, Thomasville**
- 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:
City of Boston	General Funds
City of Meigs	General Funds
City of Thomasville	User Funds
City of Ochlocknee	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

**Instructions:**

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

County: Thomas Service: County Buildings

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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



# SERVICE DELIVERY STRATEGY

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County: Thomas Service: County 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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Government

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  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: Thomas Service: County Prison & 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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

**Jail Agreement**

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

**Instructions:**

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

County: Thomas Service: County Sheriff

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

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

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County: Thomas Service: Court System - State Mandated

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Courts/Municipal

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.)  
**Barwick, Boston, Coolidge, Meigs, Ochlocknee, Pavo, Thomasville**
- 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:
Barwick, Boston	General Funds
Coolidge, Meigs	General Funds
Ochlocknee	General Funds
Pavo	General Funds
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Drug Task Force

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

Agreement with the City of Thomasville

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_



# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Economic 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.)

**Payroll Development Authority**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Payroll Development Authority	General Funds, Thomasville and Thomas County

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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County: Thomas Service: Emergency 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.)

**Emergency Services Authority**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec 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:
Emergency Services Authority	General Funds

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

N/A

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:

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?

1999 HB 692 (LC 10 2757)  
Fire, Emergency Medical, Emergency Management and Dispatching E911  
Senior Consolidated County-wide

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Engineering (Civil)

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.)  
Thomasville (refer to utilities map)

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

- yes       no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomasville	Enterprise

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Extension 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.)

Thomas County

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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.)

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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Fleet 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.)  
**Thomasville**
- 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:
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  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: Thomas Service: Geographic Information 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.)  
**Thomasville**
- 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:
Thomasville	Enterprise Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Health 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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
<u>Thomas County</u>	<u>General Funds</u>

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Human Resources

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.)  
**Thomasville**

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:
Thomasville	Enterprise Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_



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County: Thomas Service: Library 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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

### Sales Tax Resolution

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Main Street & Better Hometown

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.)  
**Thomasville, Boston**

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:
Thomasville	General Funds
Boston	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Municipal 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.)  
**Barwick, Thomasville, Pavo, Boston, Meigs, Ochlocknee, Coolidge**
- 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:

Barwick	General Funds
Thomasville	General Funds
Pavo	General Funds
Boston	General Funds
Meigs	General Funds
Ochlocknee	General Funds
Coolidge	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Municipal Police

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.)

**Barwick, Boston, Coolidge, Meigs, Ochlocknee, Pavo, Thomasville**

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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Local Government or Authority

Funding Method:

Barwick	General Funds
Boston	General Funds
Coolidge	General Funds
Meigs	General Funds
Ochlocknee	General Funds
Thomasville	General Funds
Pavo	General Funds

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

N/A

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:

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?

N/A

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Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Municipal Streets/Public Works

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.)  
Boston, Meigs, Ochlocknee, Pavo, Thomasville, Barwick
- 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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Local Government or Authority Funding Method:

Local Government or Authority	Funding Method:
Boston	General Funds
Meigs	General Funds
Ochlocknee	General Funds
Pavo	General Funds
Thomasville	General Funds
Barwick	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

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

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County: Thomas 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.)  
**Barwick, Boston, Coolidge, Meigs, Ochlocknee, Pavo, Thomasville**
- 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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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:
Barwick	General Funds
Boston	General Funds
Coolidge	General Funds
Meigs	General Funds
Ochlocknee	General Funds
Pavo	General Funds
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  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: Thomas Service: Planning & Zoning

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- 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.)  
**Boston, Coolidge, Ochlocknee, Thomasville, Thomas County, Meigs**
- 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:
Thomas County	User Fees
Boston	General Funds & User Fees
Coolidge	General Funds & User Fees
Ochlocknee	General Funds & User Fees
Thomasville	General Funds & User Fees
Meigs	General Funds & User Fees

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY

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County: Thomas Service: Records 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.)  
**Thomasville**
- 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:
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Recreation/Parks

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  
**Barwick, Pavo, Boston, Ochlocknee, Meigs, Thomasville, Coolidge, Thomas 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:
Barwick	Sales Tax
Pavo	Sales Tax
Boston	Sales Tax
Ochlocknee	Sales Tax
Meigs	Sales Tax
Thomasville	Sales Tax
Coolidge	Sales Tax
Thomas County	Sales Tax

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

N/A

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:

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?

Sales Tax Resolution Adopted November, 1992

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Risk 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.)  
Thomasville

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:
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Sanitation/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.)  
Barwick, Boston, Meigs, Ochlocknee, Pavo, Thomasville, Thomas County, Coolidge
- 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:
Barwick	User Fees
Boston	User Fees
Meigs	User Fees
Ochlocknee	User Fees
Pavo	User Fees
Thomasville	User Fees
Thomas County	User Fees
Coolidge	User Fees

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_

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

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County: Thomas Service: Sanitation/Landfill

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.)  
**Thomasville (service for all by contract)**
- 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:
Thomasville	User Fees
Thomas County	User Fees

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

N/A

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:

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?

**Solid Waste Agreement**

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Street Sweeping

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.)  
**Thomasville**

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:
Thomasville	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Tax Administration

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Tourism

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.)  
Thomasville
- 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:
Thomasville	Hotel/Motel Exise Tax

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities

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.)  
**Barwick, Boston, Coolidge, Meigs, Ochlocknee, Pavo (water, electric, sewer)**
- 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:
Barwick	User Fees
Boston	User Fees
Coolidge	User Fees
Meigs	User Fees
Ochlocknee	User Fees
Pavo	User Fees

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

N/A

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:

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

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_



## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

**Instructions:**

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County: Thomas Service: Utilities - Electricity

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.)

Thomasville

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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  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: Thomas Service: Utilities - Information 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.)
- 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.)

**Thomasville (refer to internet service provider map)**

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

- yes       no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomasville	Enterprise Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - Natural Gas

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.)

Thomasville

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:

Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - Rose Net (Internet Provider)

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.)
- 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.)  
Thomasville

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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY

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County: Thomas Service: Utilities - Sewer

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.)

Thomasville

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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - Solid Waste

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.)

Thomasville

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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - Storm Water 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.)  
Thomasville
- 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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

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# SERVICE DELIVERY STRATEGY

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - System Operation (Energy Control 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.)
- 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.)

Thomasville (refer to the utilities map)

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

- yes       no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Thomas Service: Utilities - Telecom

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.)

Thomasville

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:
Thomasville	Enterprise Fund

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: Thomas Service: Utilities - Water

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.)
- 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.)

Thomasville

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:

<u>Thomasville</u>	<u>Enterprise Fund</u>

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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.)

Thomas County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

yes  no

If these conditions will continue under the strategy, attach an explanation for continuing 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:
Thomas County	General Funds

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

N/A

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:

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?

N/A

7. Person completing form: Mike Stephenson

Phone Number: (912) 225-4100 Date completed: April 30, 1999

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

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

\_\_\_\_\_

**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: Thomas County

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

Thomas County and the County's municipal Governments have reviewed the respective communities land use plans for incompatibilities and or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans.

Moreover, Thomas County and its municipal governments formally adopted a consolidated comprehensive plan in 1997 where land use issues were jointly considered and appropriately addressed

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, ect. 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.

Thomas County and its municipal governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides for inter-jurisdictional notification, mediation, and a forum for resolution of land use conflicts.

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 County and the County Municipal Governments have all adopted a joint resolution which established a formal process to insure that new extra territorial water and sewer service extensions are consistent with applicable land use plans.

5. Person completing form: Mike Stephenson, County Manager

Phone number: (912) 225-4100 Date completed: April 30, 1999

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions?  yes  no

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

## SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

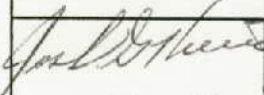

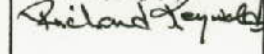


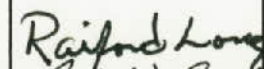

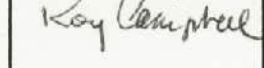
**Instructions:**

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 population 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 Thomas 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));
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: <small>(Please print or type)</small>	TITLE:	JURISDICTION:	DATE:
	Josh Herring	Chairman	Thomas County	5/27/99
	Thad Selman	Mayor	Barwick	5/27/99
	<del>Richard Reynolds</del> RICHARD REYNOLDS Danny Groover	Mayor-PRO TEM	Boston	5/27/99
	David Dawson	Mayor	Coolidge	5/27/99
	Harold Cook	Mayor Pro Tem	Meigs	5/27/99
	Raiford Long	Mayor	Ochlocknee	5/27/99
	L. M. Taylor	Mayor	Pavo	5/28/99
	Roy Campbell	Mayor	Thomasville	5/27/99

AGREEMENT

This Agreement entered into this 18 day of February, 1993, by and between THOMAS COUNTY, GEORGIA, hereinafter known as "County", and THE CITY OF THOMASVILLE, hereinafter known as "City".

WHEREAS, Thomas County has completed construction of a new Jail/Justice Center which houses both City and County police functions;

WHEREAS, the new Jail/Justice Center contains a centralized dispatch center;

WHEREAS, the citizens of Thomas County have approved installation of an Enhanced 911 system; and

WHEREAS, the parties desire to consolidate all dispatch functions of the City and County in one location in order to implement E911;

THE PARTIES AGREE AS FOLLOWS:

1. The County will assume all dispatch functions for City and County public service functions, such as police, fire, EMS and other functions which require dispatching. In performing such functions the County will not be an agent or partner or joint venturer with the City but will be an independent contractor over which the City neither exercises nor retains the right to exercise control over the times, means or methods which dispatch activities are carried out.

2. The City will discontinue its dispatch activities.

3. The City will pay to the County on an annual basis a sum equal to three (3) times the average cost for each dispatcher.

The average will be derived by determining the total personnel cost for the E911 functions, excluding the director and supervisor, and divided by the total number of dispatchers.

4. County agrees to hire two (2) dispatchers from the City pool of dispatchers at the same yearly compensation rate they are currently being paid.

5. County agrees that any employee of the City who is hired as a result of this Agreement shall immediately be eligible to participate in the County health insurance program. Any such employee shall be immediately eligible to participate in the County's retirement program on the same basis as a newly hired County employee. Any such employee shall receive credit for longevity purposes based upon the employee's years of service with the City insofar as sick leave and vacation time are concerned; provided, however, that pay for all accrued vacation time shall be paid to the employee at the time the employee leaves City employment.

6. County agrees to maintain liability insurance covering the dispatch functions that it performs.

7. This Agreement shall terminate on December 31, 1993. However, prior to that date the parties agree to enter into good faith negotiations to continue the program contemplated by this agreement and as it may be modified pursuant to experience derived during the term of this agreement. The parties contemplate that a new agreement will be prepared in this connection which will be effective January 1, 1994.



IN WITNESS WHEREOF, the parties have executed this Agreement  
on the date first above written in duplicate original.

THOMAS COUNTY, GEORGIA

BY: John Bulloch  
JOHN BULLOCH,  
Chairman, Thomas County  
Board of Commissioners

(SEAL)

ATTEST: Ruth M. Jones  
RUTH JONES, Clerk

CITY OF THOMASVILLE, GEORGIA

BY: Len Powell  
LEN POWELL  
Mayor

(SEAL)

ATTEST: Lucille M. Keenan

## PRISONER HOUSING AGREEMENT

This agreement entered into this the nineth day of May, 1995, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of Barwick.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of Barwick pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein.

2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of Barwick Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

8. This agreement shall continue from year to year unless terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF BARWICK

BY: John Bullock

BY: Ned A. Simms

Attest: Autumn Jones

Attest Linda Krapp

PRISONER HOUSING AGREEMENT

This agreement entered into this the 1<sup>st</sup> day of December, 1994, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of Coalinga.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of Coalinga pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein.

2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of Coolidge Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

8. This agreement shall continue from year to year unless terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF COOLIDGE

By: John Bullock

By: Eamie Doherty

Attest: Autumn Jones

Attest: Charity Menway

PRISONER HOUSING AGREEMENT

This agreement entered into this the 10TH day of APRIL, 199~~4~~<sup>5</sup>, by and between the **THOMAS COUNTY BOARD OF COMMISSIONERS** and the City of MEIGS.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of MEIGS pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein.



2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of MEIGS Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

8. This agreement shall continue from year to year unless terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF MEIGS

By: John Bullock

By: Wayne Samuel

Attest: Luella M. Jones

Attest: Margaret P. Williams

## PRISONER HOUSING AGREEMENT

This agreement entered into this the 1st day of Dec. \_\_\_\_\_, 1994, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of PAVO.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of PAVO pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein.

2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of PAVO Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

8. This agreement shall continue from year to year unless terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF PAVO

By: John Bullock

By: L M Taylor

Attest: Aut M. Jones

Attest: AM

## PRISONER HOUSING AGREEMENT

This agreement entered into this the 1st day of December, 1994, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of BOSTON.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of BOSTON pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein.

2. The charge for booking a prisoner will be \$5.00
3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.
4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of BOSTON Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

8. This agreement shall continue from year to year unless terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF BOSTON

By: John Ballou

By: [Signature]

Attest: Arthur M. Jones

Attest Mary Jean Heide



CONTRACT FOR GARBAGE AND  
SOLID WASTE DISPOSAL

THIS AGREEMENT, made and entered into this the 9th day of October, 1973, by and between the City of Thomasville, Georgia (hereinafter called Party of the First Part) and Thomas County, Georgia acting by and through its Board of Commissioners, for and in behalf of said County and said Board, (hereinafter called Party of the Second Part) to be effective as of the date first above written.

W I T N E S S E T H:

WHEREAS, Thomas County, Georgia has this date leased to the City of Thomasville, a tract of land located on what is known as the 'County Farm' property for the purpose of allowing the City of Thomasville to operate and own a solid waste landfill operation; and

WHEREAS, it was intended by both parties to that lease that the operation be made available, for a specified charge, not only to Thomas County in its own rights but to the other incorporated municipalities lying within or on the perimeter of the County; and

WHEREAS, it is the purpose of this contract for solid waste disposal, to make available to the County and all cities therein a solid waste landfill operation; and

WHEREAS, the Party of the First Part will be in a position to allow the Party of the Second Part to bring and deposit solid waste by the truck load to an area designated by the Party of the First Part for deposit and treatment;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) by each of the Parties to the other in hand paid, the receipt whereof is hereby acknowledged, the mutual benefits to be derived by each of the Parties hereto, and the mutual covenants herein contained, the Parties hereto agree as follows:

-1-

The Party of the First Part shall furnish a designated

area of land, within its control, upon which it will operate a landfill operation for solid waste disposal, and which may be made available to the various parties interested but not limited to the Party of the Second Part, and Party of the First Part shall furnish all other necessary facilities as provided hereinafter.

-2-

Thomasville shall provide the Landfill Operation with scales, fencing, building, paving within the site, all other capital improvements and adequate machinery and personnel to operate the same. Any capital equipment investment required originally or subsequently in connection with the operation of this landfill shall be advanced by the City of Thomasville with the cost recovered on the basis of expected useful life of the equipment amortized annually.

-3-

(a) Thomasville shall maintain separate books - open to examination by properly elected officials of the Party of the Second Part or its appointed auditors. The per ton charge to parties of the Second Part shall be revised annually, as of July 1, on a proper cost accounting basis for the previous calendar year including proper depreciation schedules and overhead items. Annually, by June 30th, the City of Thomasville will furnish each user of the landfill a copy of the fund's annual report for the prior calendar year.

(b) It is agreed that the Landfill Department will charge monthly for solid waste brought to the landfill at an initial rate of \$3.00 a ton until properly revised in accordance with the provisions of paragraph 3 (a) above.

(c) The charge shall be adjusted on an annual basis as of July 1 of each year in order to accomplish the payment of all expense in connection with the City of Thomasville's operation of a landfill project and shall be a figure sufficient to amortize all expenses including personnel costs, proper equipment depreciation, and land payments for future sanitary landfill acquisition.

The City shall realize no profit from the operation of this landfill but shall recover all expenses properly accounted for.

(d) In the event of default in payment Thomasville may refuse use of the landfill to the defaulting party. A party shall be considered in default when debts accrued to them are 60 days in arrears.

-4-

Any funds or equipment received as a grant from the State or Federal Government or private sources shall not be included in computing the cost of this operation when arriving at the adjusted per ton cost basis by the Party of the First Part.

-5-

The City of Thomasville reserves the right to exercise, entirely within its discretion, all matters relating to how and where and under what conditions each load may be deposited by Party of the Second Part, and during what hours of each day the Landfill Operation will be made available for use and deposit by the Party of the Second Part. Thomas County recognizes that it has police jurisdiction over the landfill area and agrees to exercise such authority through its Sheriff and duly constituted officers in controlling the rules and regulations promulgated in connection with this landfill operation.

IN WITNESS WHEREOF, this instrument has been and is executed on behalf of the City of Thomasville (Party of the First Part) causing the same to be signed by the Mayor and with his signature attested thereto by the Clerk of said City, and on behalf of Thomas County, Georgia by the Chairman with his signature attested thereto by the Clerk,, who have been authorized as a Commission to execute same for and in behalf of Thomas County, Georgia and the Board of Commissioners of Thomas County, Georgia, (Party of the Second Part.)

So done, the day and year first above written.

CITY OF THOMASVILLE, GEORGIA

By: J. H. Brannan (L.S.)  
Mayor

Attest: J. F. Anail (L.S.)  
Clerk

Witnesses as to execution  
in behalf of the City of  
Thomasville:

B. B. Akridge  
Juanita E. Zauer

NOTARY PUBLIC, THOMAS COUNTY, GEORGIA  
MY COMMISSION EXPIRES MAY 2, 1976

THOMAS COUNTY, GEORGIA  
Acting by and through its governing  
authority,

BOARD OF COMMISSIONERS OF THOMAS  
COUNTY, GEORGIA,

By: Wm. DeLoach (L.S.)  
Chairman

Attest: E. P. Maddox (L.S.)  
Clerk

Witnesses as to execution  
in behalf of Thomas County,  
Georgia:

E. P. McCallum  
Lonnell Willis (Luka)

NOTARY PUBLIC, GEORGIA  
RESIDING IN THOMAS COUNTY  
MY COMMISSION EXPIRES JUNE 14, 1974

## RESOLUTION

**WHEREAS**, on November 3, 1992, the voters of Thomas County approved by referendum a joint county and municipal sales and use tax in the amount of one percent (1%); and

**WHEREAS**, the elected officials of the Thomas County Board of Commissioners and the Council of the City of Thomasville made certain verbal commitments to the voters of Thomas County prior to the approval of said sales tax; and

**WHEREAS**, it is recognized that these commitments have been made based upon current needs of Thomas County and Thomasville at the time the commitments were made and that said needs may change as the social, economic, and demographic characteristics of Thomas County change; and

**WHEREAS**, it is the intent of this resolution to reiterate these commitments and not to bind subsequent governing authorities as the needs of Thomas County and Thomasville differ from those needs at the passage of said sales tax; and

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of Thomas County, and the City Council of Thomasville, Georgia, that the following commitments were agreed upon jointly by both Boards.

<u>Purpose</u>	<u>Estimated Funding</u>	<u>Administration</u>	<u>Comment</u>
Library	\$400,000	Thomas County	Maximum 12.000% annually of total sales tax collected. This represents 100% of funds.
Recreation	\$700,000	City of Thomasville	Maximum 21.000% annually of total sales tax collected. This represents 100% of funds.
Economic (jobs) Development	\$100,000	City of Thomasville	Represents 50% of funds allocated for economic development. The City of Thomasville will provide the other 50% of economic development funds.
Animal Control	\$170,000	Thomas County	
Emergency Mgmt.	\$ 60,000	City of Thomasville	
Jail Justice Center	\$100,000	Thomas County	
Roads	\$300,000	Thomas County	
Drug Squad	\$175,000	Thomas County City of Thomasville	
Ad Valorem Tax Relief	\$700,000	Thomas County	
<b>Total</b>	<b>\$2,705,000</b>		
Funded through Thomas County Commission			52.625%
Funded through City of Thomasville			28.425%
Balance remaining	\$630,000		18.950%

**BE IT FURTHER RESOLVED**, that the above stated sales tax uses are to benefit all residents of the County, whether in municipalities or in unincorporated areas, and will be administered county-wide, either by the Thomas County Board of Commissioners or the Thomasville City Council; and


**BE IT FURTHER RESOLVED**, that the remaining amount will be divided among the municipalities, for their internal use, based on percentage of population and each governmental unit will be expected to address their own property tax rollback plans.

<u>Municipality</u>	<u>% of Municipalities</u>	<u>Est. Funding</u>	<u>% of County-wide</u>
Barwick	1.2%	\$ 9,396	.282%
Boston	6.39%	50,033	1.500%
Coolidge	2.79%	21,845	.655%
Meigs	4.89%	38,288	1.150%
Pavo	2.11%	16,521	.495%
Ochlocknee	2.69%	21,062	.632%
Thomasville	79.93%	472,855	14.236%
<b>Total</b>	<u>100.00%</u>	<u>\$630,000</u>	<u>18.950%</u>
<b>Total County-wide</b>		<b>\$3,335,000</b>	<b>100.000%</b>

**BE IT FURTHER RESOLVED**, that the State act enabling the sales tax states that "its intent is that no government should be enriched beyond what would be raised by taxes or other sources."

**SO DONE**, this the 12th day of July, 1993.

  
 Chairman John Bulloch  
 Thomas County Board of Commissioners

  
 Mayor Len Powell  
 City of Thomasville

  
 Attest, Ruth Jones  
 County Clerk

  
 Attest, Carl Royland  
 City Clerk



*Board of Commissioners of Thomas County*

# Resolution

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WHEREAS, it is recognized that these commitments have been made based upon current needs of Thomas County and Thomasville at the time the commitments were made and that said needs may change as the social, economic, and demographic characteristics of Thomas County change; and

WHEREAS, it is the intent of this resolution to reiterate these commitments and not to bind subsequent governing authorities as the needs of Thomas County and Thomasville differ from those needs at the passage of said sales tax; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Thomas County, and the City Council of Thomasville, Georgia, that the following commitments were agreed upon jointly by both Boards.

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Emergency Mgmt.	\$60,000	City of Thomasville
Jail Justice Center	\$100,000	Thomas County
Roads	\$300,000	Thomas County
Drug Squad	\$175,000	Thomas County City of Thomasville
Ad Valorem Tax Relief	\$700,000	Thomas County
<b>Total</b>	<b>\$2,705,000</b>	

Funded through Thomas County Commission		52.625%
Funded through City of Thomasville		28.425%
Balance remaining	\$630,000	18.950%


BE IT FURTHER RESOLVED, that the above stated sales tax uses are to benefit all residents of the County, whether in municipalities or in unincorporated areas, and will be administered county-wide, either by the Thomas County Board of Commissioners or the Thomasville City Council; and


BE IT FURTHER RESOLVED, that the remaining amount will be divided among the municipalities, for their internal use, based on percentage of population and each governmental unit will be expected to address their own property tax rollback plans.

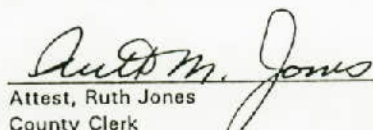
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<b>Total</b>	<b>100.00%</b>	<b>630,000</b>	<b>18.950%</b>
Total County-wide		3,335,000	100.000%

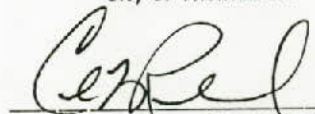
BE IT FURTHER RESOLVED, that the State act enabling the sales tax states that "its intent is that no government should be enriched beyond what would be raised by taxes or other sources."

SO DONE, this the \_\_\_\_\_ day of July, 1993.

  
 Chairman John Bulloch  
 Thomas County Board of Commissioners

  
 Mayor Len Powell  
 City of Thomasville

  
 Attest, Ruth Jones  
 County Clerk

  
 Attest, Carl Rowland  
 City Clerk



**BYLAWS/REGULATIONS  
OF  
THOMAS COUNTY EMERGENCY SERVICES BOARD  
A MUTUAL AID RESOURCE PACT**

PREAMBLE

The governing bodies of Thomas County, Georgia, and the City of Thomasville, Georgia, have determined that emergency services, consisting of fire protection services, emergency medical services, emergency management and 911 services, for the citizens of Thomas County and the City of Thomasville can best be provided by the consolidation of such services, all as set forth in certain resolutions passed by the Board of Commissioners of Thomas County and the City Council for the City of Thomasville, copies of which are attached as Exhibits A and B, respectively. It has been further determined by both governing bodies that the goal of consolidating such emergency services can best be accomplished at present by the establishment of an emergency services mutual aid pact pursuant to the provisions of O.C.G.A. §25-6-1 et seq. Both governing bodies also anticipate that ultimately the emergency services mutual aid pact established herewith will be replaced by an authority especially established by the Georgia legislature for the furnishing of the same functions to be carried out by the emergency services mutual aid pact.

ARTICLE I

NAME

The name of the Mutual Aid Pact shall be "Thomas County Emergency Services Board," hereinafter referred to as "the Pact."

## ARTICLE II

### POWERS

The Pact shall have all powers authorized under Georgia law, specifically including, but not necessarily limited to, those set forth in O.C.G.A. §25-6-1 et seq.

## ARTICLE III

### DIRECTORS

Section 1. Board of Directors and Powers Thereof. The Pact shall be governed by a Board of Directors (also referred to from time to time as "the Board") which shall set the policies of the Pact, manage the business of the Pact and may exercise all the powers of the Pact without interference from any other body or entity.

Section 2. Composition and Election of the Board of Directors. The initial Board of Directors of the Pact shall consist of five (5) natural persons. Two (2) members of the Board of Directors shall be members of the Thomas County Board of Commissioners and shall be appointed by that body. Two (2) members of the Board of Directors shall be members of the Thomasville City Council and shall be appointed by that body. These members of the Board of Directors shall be known as the "elected members." One (1) member of the Board of Directors shall be a Thomas County citizen appointed unanimously by the four (4) elected officials previously described in this section. The nomination shall be considered by both the Thomas County Commission and the Thomasville City Council at their respective earliest meetings after notification in writing is received from the Board of Directors of the Pact. The nomination shall be confirmed with a majority vote of the Commission and the Council. This member of the

Board of Directors shall be known as the "appointed member" of the Board of Directors.

Section 3. Term of Directors: Vacancies. Each elected member of the Board of Directors shall serve until replaced by that member's respective governing body. The appointed member shall serve for a term of two (2) fiscal years or, if earlier, until such director dies, resigns, or is no longer eligible to serve in such capacity as provided in Article III, Section 2 of these bylaws; provided further, however, that the appointed member may be removed by a vote of at least two elected members, with or without cause. In such event the Board of Directors will immediately thereafter appoint a new appointed member under the procedure previously described. Any vacancy in an elected member's position occurring on the board may be filled by the respective governing body represented by the member whose position is vacant. If at the end of any term of office of any director or successor thereto shall not have been elected, then the director whose term of office has expired shall continue to hold office until his<sup>1</sup> successor shall be so elected (provided such director remains eligible under Article III, Section 2 of these bylaws).

Section 4. Meetings of the Board of Directors. The annual meeting of the Board of Directors for the purpose of electing officers and transacting such other business as may be brought before the meeting shall be held each year at a date, time and place as shall be provided for by the Board of Directors. The Board of Directors shall also by resolution provide for the time and place of regular meetings at least monthly and notice of such regular meetings need not be given. Special meetings of the Board of Directors may be called by the chairman or by any

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<sup>1</sup> The use of the masculine gender shall be construed to include the feminine gender.

two directors, and written notice of the time and place of such meetings shall be given to each director by first class mail or by telephone, facsimile, telegraph, cablegram or in person at least five (5) days before the meeting. Notice of all meetings shall also be given in accordance with the Georgia Open Meetings Act (O.C.G.A. §§ 50-14-1, et seq.). Any director may execute a waiver of notice, either before or after any meeting, and shall be deemed to have waived notice if he is present at such meeting. Neither the business to be transacted at, nor the purpose of, any meeting of the Board of Directors need be stated in the notice or waiver of notice of such meeting. All meetings must be held within the state of Georgia.

Section 5. Quorum and Vote Requirement. A majority of the directors in office shall constitute a quorum for the transaction of business at any meeting. Except as otherwise provided in these bylaws, no action may be taken by the Board without the affirmative vote of a majority of the full membership of the Board.

Section 6. Action by Directors Without a Meeting. Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the members of the Board of Directors. Such consent shall have the same force and effect as an affirmative vote of a meeting duly called.

Section 7. Telephone and Similar Meetings. Directors may participate in and hold a meeting by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such a meeting shall constitute presence in person at the meeting, except where a person participates

in the meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.

Section 8. Adjournments. A meeting of the Board of Directors, whether or not a quorum is present, may be adjourned by a majority of the directors present to reconvene at a specific time and place. It shall not be necessary to give notice of the reconvened meeting or of the business to be transacted, other than by announcement at the meeting which was adjourned. At any such reconvened meeting at which a quorum is present, any business may be transacted which could have been transacted at the meeting which was adjourned.

Section 9. Funding. The Board of Directors shall utilize all funds made available to it from any lawful source, including but not limited to, all tax proceeds provided to the Pact and all revenues received from billed and non-billed operations to provide emergency services to the citizens of Thomas County, including citizens of the City of Thomasville.

Section 10. Compensation. The directors shall receive no compensation for their services as directors of the Pact, but shall be reimbursed for their actual reasonable expenses incurred in the performance of their duties.

## ARTICLE V

### OFFICERS

Section 1. Executive Structure of the Pact. The officers of the Pact shall consist of a chairman, and a vice chairman, who shall be elected from the directors of the Pact. There shall also be a secretary/treasurer for the Pact who shall be an employee of the Pact and who shall be appointed by the Board of Directors.

Section 2. Election of Officers. The officers of the Pact shall be elected by the Board of Directors at the annual meeting for a term of one (1) year or, if earlier, until such officer dies, resigns, or is no longer eligible to serve as a director as provided in Article III, Section 2 of these Bylaws. Except for an officer who is no longer a director, the officers shall continue to hold office until their successors are elected and qualified. An officer shall be eligible to succeed himself in office. Any vacant office may be filled by the Board of Directors at any regular or special meeting.

Section 3. Chairman. The chairman shall preside at all meetings of the Board of Directors.

Section 4. Vice Chairman. The vice chairman shall act in the case of the absence or disability of the chairman.

Section 5. Secretary/Treasurer. The secretary/treasurer shall keep the minutes of the proceedings of the Board of Directors and shall be responsible for the maintenance of proper financial books and records of the Pact.

Section 6. Other Duties and Authority. Each officer, employee and agent of the Pact shall have such other duties and authority as may be conferred upon him by the Board of Directors.

Section 7. Removal of Officers. Any officer may be removed at any time by the Board of Directors.

ARTICLE VI  
EXECUTIVE DIRECTOR

Section 1. Executive Director; appointment; qualifications; compensation. The Board of Directors shall appoint an Executive Director for an indefinite term and he shall hold office at the pleasure of the Board. The compensation of the Executive Director shall be fixed by the board.

Section 2. Powers and duties of the Executive Director. The Executive Director shall be the chief administrative officer for the Pact. He shall be responsible to the Board for the implementation of the policies set by the board and the administration of all affairs of the Pact placed in his charge by or under these bylaws. The Executive Director shall devote his entire time to the duties of his office. He shall have the following powers and duties:

- (a) Exercise control over all of the departments and divisions of the Pact now created, or that may hereafter be created.
- (b) Attend all meetings of the Board of Directors, with the right to take part in the discussions, but he shall have no right to vote on propositions under consideration.
- (c) Recommend to the Board for adoption such matters as he may deem necessary and expedient.
- (d) Prepare and submit to the Board an annual opening budget and budget of all departments of the Pact setting forth the probable needed expenditures and estimated revenue for such year.

- (e) Keep the Board advised as to the financial condition and needs of the Pact.
- (f) Supervise the performance of all contracts and to make all purchases under such rules and regulations as the Board may adopt.
- (g) As personnel manager, he shall appoint, discharge and fix the salaries of employees in all departments and divisions of the Pact, provided, however that all such terms of employment shall be made only at the pleasure of the Executive Director in accordance with duly established personnel policy. All such appointments shall be made upon merit and fitness for the performance of the duties required.
- (h) Perform additional duties as the Board by resolution may prescribe.

The Board may require the Executive Director to go before the Board at any time and answer questions, either orally or in writing, and may require of the Executive Director, at any time the Board sees fit, any reports on any matter involving the Pact that the Board deems proper.

The Executive Director shall be purchasing agent for the Pact, and by him all purchases or contracts shall be made in accordance with rules and regulations adopted by the Board by resolution in any official meeting of the Pact. In the capacity of purchasing agent for the Pact



he shall conduct all sales of personal property of the Pact which the Board may authorize to be sold and which may have become unnecessary or unfit for the Pact use. The Board may by resolution prescribe who shall sign vouchers for the payment out of the Pact funds and under what rules and regulations.

Section 3. Board of Directors interference with administration. Except for the purpose of inquiries and investigations, the Board of Directors shall deal with Pact employees who are subject to the direction and supervision of the Executive Director solely through the Executive Director, and no member of the board shall give orders, directly or indirectly, to any such employee, either publicly or privately.

## ARTICLE VII

### DEPOSITORIES, SIGNATURES AND SEAL

Section 1. Depositories. All funds of the Pact shall be deposited in the name of the Pact in such bank or other financial institution(s) as the Board of Directors may from time to time designate and shall be drawn out on checks, drafts or other orders signed on behalf of the Pact by such person or persons as the Board of Directors may from time to time designate.

Section 2. Contracts and Deeds. All contracts, deeds and other instruments shall be signed on behalf of the Pact by the chairman.

## ARTICLE VIII

### FISCAL YEAR

The fiscal year of the Pact shall be January 1 through December 31..

## ARTICLE IX

### DISSOLUTION OF THE PACT

Section 1. Dissolution. The Pact shall be dissolved and terminated upon the affirmative vote of four of the five members of the Board of Directors. Upon such dissolution, the officers shall liquidate the Pact by paying or making provisions for all debts and liabilities of the Pact and distributing any remaining assets and taking other actions as required by or in accordance with any contracts and other applicable Georgia law.

Section 2. Disposition of pact assets in the event of dissolution. In the event of the dissolution of the Pact pursuant to these by-laws, property, real and personal, shall be disposed of under the following terms and methods.

- (1) Any real property acquired directly by and in the name of the Pact shall be sold under one of the methods specified by O.C.G.A. §36-17-6 and the net proceeds of the sale shall be distributed to Thomas County and the City of Thomasville in equal shares.
- (2) Any personal property transferred to the pact by the City of Thomasville or Thomas County shall be listed on a master inventory prepared and maintained by the Executive Director. The inventory shall include the name of the transferring entity, the date of transfer, a detailed description of each item of property transferred and any serial number, vehicle identification number or other permanent identification information which accompanies each item of property. Any such property still remaining in

the Pact at the time of dissolution shall be returned to the transferring entity.

- (3) Any other personal property or equipment acquired directly by the Pact shall be distributed according to a schedule as to which the entire board shall agree. In the event there is any debt attached to any item or system of property or equipment, the debt shall follow the property or equipment to the receiving entity. In the event there is any disagreement as to the disposition of any item or property or equipment pursuant to this subsection, the dispute shall be resolved by independent arbitrator, who shall not be a resident of Thomas County, Georgia, who shall be appointed by the Chief Judge of the Southern Judicial Circuit. Any decision by the arbitrator pursuant to the provisions of this subsection shall be binding on the Pact, Thomas County and the City of Thomasville. The arbitrator shall determine the methods, conditions and procedures by which he arrives at his decisions regarding the disposition of property pursuant to this subsection. Any fee charged by the arbitrator shall be paid by the Pact. In the event the Pact has no funds with which to pay the arbitrator's fee or any other fee, cost or expense generated by the dissolution of the Pact, any such fee, cost or expense shall be paid by Thomas County and the City of Thomasville in equal shares.

- (4) In the event a legislatively created authority is created to perform the same functions performed by the Pact, and the Pact is dissolved upon the creation and implementation of the authority, all assets of the Pact shall be transferred to the authority.

## ARTICLE X

### AMENDMENTS OF BYLAWS

The Board of Directors shall have the power to alter, amend or repeal the bylaws or adopt new bylaws. Action by the Board of Directors with respect to the bylaws shall be taken by an affirmative vote of seventy-five(75%)

# Thomas County Board of Commissioners

O. Box 920  
Thomasville, Georgia 31799

Phone: (912) 225-4100  
FAX: (912) 226-3430

COMMISSIONERS  
TIM SHERROD, District 8, Chairman  
I. L. MULLINS, District 1, Vice Chairman  
MOSES L. GROSS, District 2  
JOHN BULLOCH, District 3

COMMISSIONERS  
RICHARD R. SMITH, District 4  
JOSH HERRING, District 5  
JIM MILLER, District 6  
KARL ABRAMS, District 7

## RESOLUTION

WHEREAS Thomas County, Georgia, provides fire protection services throughout the unincorporated areas of Thomas County and the small municipalities within Thomas County;

WHEREAS Thomas County, Georgia, has been requested to provide fire and other emergency services within the municipal limits of Thomasville, Georgia;


NOW THEREFORE, be it resolved that Thomas County authorizes its Fire Department and other emergency departments to render aid and assistance in the extinguishment of fires or other immediate response emergencies outside its jurisdiction and within the jurisdiction of the City of Thomasville.

FURTHER RESOLVED that upon receipt of a resolution for the City of Thomasville authorizing their Fire Department and other emergency departments to render aid and assistance within the jurisdiction of Thomas County that the resolutions be forwarded to the State Fire Marshall as provided in O.C.G.A. 25-6-3.

FURTHER RESOLVED that Thomas County intends to form a pact as defined and provided in O.C.G.A. 25-6, et seq. and that Veon Williams is authorized to act for Thomas County in all matters relating to the activities and functions of the pact, once it has been established.

FURTHER RESOLVED that all other provisions of O.C.G.A. 25-6, et seq. be implemented as provided therein.

Adopted this the 14th day of July 1998

  
ATTEST

  
CHAIRMAN

City of Thomasville  
P. O. Box 1540  
Thomasville, Georgia 31799

RESOLUTION

WHEREAS, on March 23, 1998, the City Council for the City of Thomasville, Georgia, passed a resolution supporting the goal of consolidating with Thomas County, Georgia, emergency services, including fire services, emergency medical services, emergency management and E911 services; and

WHEREAS, progress has been made and continues to be made toward the realization of this goal; and

WHEREAS, after due study and consideration, it has been determined that a methodology for effecting this goal is, at least on a temporary basis, the formation of a mutual aid pact pursuant to the provisions of O.C.G.A. §25-6-1 et seq.; and

WHEREAS, at the current time the City of Thomasville, Georgia, provides fire protection services in certain unincorporated areas of Thomas County, Georgia, and the City of Thomasville, Georgia, has been requested by Thomas County, Georgia, to provide fire and other emergency services within other areas of Thomas County, Georgia, not previously serviced by the City of Thomasville.

NOW THEREFORE, BE IT RESOLVED, AND IT IS HEREBY RESOLVED, by the City Council for the City of Thomasville, that the City of Thomasville Fire Department is authorized to render aid and assistance to Thomas County, Georgia, in the extinguishment of fires or in connection with other immediate response emergencies outside the jurisdiction of the City of Thomasville and within Thomas County, Georgia.

BE IT FURTHER RESOLVED that this resolution and a resolution of the Board of Commissioners of Thomas County, Georgia, authorizing its fire department and other emergency departments to render aid and assistance inside the corporate limits of the City of Thomasville, Georgia, shall be forwarded to the state fire marshal as provided in O.C.G.A. §25-6-3.

BE IT FURTHER RESOLVED that pursuant to the resolution dated March 23, 1998, the City of Thomasville, Georgia, intends to proceed with the formation of a mutual aid pact with Thomas County, Georgia, as provided in O.C.G.A. §25-6-1 et seq., and the City of Thomasville's city manager, William T. Berry, who is ultimately in charge of its fire department, shall be the designated person from the City of Thomasville, Georgia.

EXHIBIT B

to represent the City of Thomasville at the organizational meeting of the pact, all as contemplated by O.C.G.A. §25-6-3.

BE IT FURTHER RESOLVED that all other provisions of O.C.G.A. §25-6-1 et seq. Be implemented so as to achieve the goals set forth in the March 23, 1998, resolution referred to above.

SO RESOLVED, this 13<sup>th</sup> day of July 1998.

CITY OF THOMASVILLE, GEORGIA

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
City Clerk

EXHIBIT B

## ARTICLES OF ASSOCIATION

### ARTICLE I NAME

The name of the Public Corporation is THOMAS COUNTY EMERGENCY SERVICES BOARD (hereinafter "the Pact").

### ARTICLE II ORGANIZATION

The Pact is organized pursuant to Official Code of Georgia Annotated Sections 25-6-1 through 25-6-11, captioned "Mutual Aid Resource Pacts."

### ARTICLE III PURPOSES

The purposes for which the Pact is formed include those set forth in O.C.G.A. §§ 25-6-2, 25-6-4, 25-6-5, 25-6-6, 25-6-7, and 25-6-8, as amended. The primary purpose of the Pact is to coordinate the emergency fire services and other immediate response emergencies within the municipalities and unincorporated areas of Thomas County, Georgia, which are all to be served by the Pact.

### ARTICLE IV JURISDICTION MEMBERSHIP

Thomas County, Georgia and the City of Thomasville, Georgia shall be the initial jurisdictions belonging to the Pact.

### ARTICLE V MANAGEMENT

The affairs of the Pact shall be managed by a Board of Directors consisting of five (5) directors. The City Manager of the City of Thomasville, Georgia and the County Administrator of Thomas County, Georgia shall be ex-officio members of the Board of Directors and each shall be designated by his/her respective entity as the person in charge of the respective fire department with authority to act for that jurisdiction on all matters relating to the activities and functions of the Pact, once it has been established.



ARTICLE VI  
PACT'S INITIAL REGISTERED OFFICE/REGISTERED AGENT

The initial registered office of the Pact shall be 144 East Jackson Street, Thomasville, Georgia 31792, which is located in Thomas County, Georgia. The initial registered agent at that office address shall be Bruce Woods, Executive Director of the Pact.

ARTICLE VII  
NAME AND ADDRESS OF EACH JURISDICTION/ORGANIZER

Thomas County, Georgia has a governmental address of 225 North Broad Street, Thomasville, Georgia 31792, and the City of Thomasville, Georgia has a governmental address of 144 East Jackson Street, Thomasville, Georgia 31792.

ARTICLE VIII  
PACT'S MAILING ADDRESS

The mailing address of the Pact is P. O. Box 1396, Thomasville, Georgia 31799-1396.

ARTICLE IX  
PACT'S PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Pact is 144 East Jackson Street, Thomasville, Georgia 31792 in Thomas County, Georgia.

{SIGNATURE PAGE NEXT}

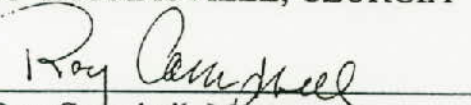
IN WITNESS WHEREOF, the organizers/establishers of the Pact pursuant to O.C.G.A. §§25-6-1, et seq. have executed these Articles of Association effective January 1, 1999 at Thomasville, Thomas County, Georgia.

THOMAS COUNTY, GEORGIA

By: 

Tim Sherrod, Chairman,  
Thomas County, Georgia  
Board of Commissioners

CITY OF THOMASVILLE, GEORGIA

By: 

Roy Campbell, Mayor  
City Council of the  
City of Thomasville, Georgia

CONSENT TO SERVE AS REGISTERED AGENT

TO: Secretary of State  
Ex-Officio Corporation Commissioner  
State of Georgia

I, BRUCE WOODS, do hereby consent to serve as registered agent for Thomas County Emergency Services Board, a Pact pursuant to O.C.G.A. §§ 25-6-1 et seq.

This 12 day of January, 1999.

*Bruce Woods*

\_\_\_\_\_  
Bruce Woods

Address of Registered Agent:

144 East Jackson Street  
Thomasville, GA 31792

63  
ANIMAL CONTROL CONTRACT

This contract entered into this 1 day of July, 1993, by and between THOMAS COUNTY, GEORGIA, the CITY OF THOMASVILLE, the CITY OF BOSTON, the CITY OF PAVO, the CITY OF COOLIDGE, the CITY OF MEIGS, the CITY OF BARWICK, the CITY OF OCHLOCKNEE, [the <sup>N/A</sup> CITY OF METCALF] (hereinafter known as "Government") and the THOMAS COUNTY HUMANE SOCIETY,

For and in consideration of the maximum sum of FOURTEEN THOUSAND ONE HUNDRED SIXTY-SEVEN and NO/100 (\$14,167.00) DOLLARS per month to be paid by Government to the Thomas County Humane Society beginning July 1, 1993 and continuing until terminated by either party. The Thomas County Humane Society agrees to provide animal control throughout Thomas County at the level of services indicated below:

The Thomas County Humane Society will:

1. Enforce all federal, state and local laws which pertain to animals and birds. Enforcement shall include prosecution of all cases made for violation of said laws and ordinance.
2. Provide one animal control office to work within the City of Thomasville Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.
3. Provide animal control in the other cities of Thomas County at the following minimum level of service:
  - a) Cities of Boston, Coolidge, Pavo, and Meigs shall have a minimum of 3 patrols per week to take place during the

hours of 8:00 a.m. to 5:00 p.m. on any weekday.

b) Cities of Ochlocknee, Barwick and <sup>N/A</sup>[Metcalf] shall have a minimum level of 2 patrols per week to take place between the hours of 8:00 a.m. and 5:00 p.m. on any weekday.

4. Provide animal control in the unincorporated areas of Thomas County as required.

5. Provide an on-call animal control officer to be available to handle calls between 5:00 p.m. and 8:00 a.m. Monday through Friday and on weekends. These calls shall be limited to incidents involving vicious animals, injured animals, animal bites and situations where animals are impeding the activities of law enforcement officers.

6. Enforce all Health Department ordinances regarding rabies control.

7. Keep full and complete records of all animals which are impounded and provide monthly reports to each governing authority for their jurisdiction and a monthly consolidated report to the County.

8. Provide a facility which meets all federal, state and local standards for animal care in animal detention facilities.

9. Provide for euthanasia and disposal of animals as provided by federal, state and local laws and ordinances.

10. Provide a program for education of citizens regarding animal control and care with special emphasis on public and private school programs.

This contract shall continue in full force and effect until terminated by either party. Termination shall be at will and notice of intent shall be mailed 30 days prior to the termination date.

"GOVERNMENT"

THOMAS COUNTY, GEORGIA

BY: John Bullard

CITY OF THOMASVILLE

BY: John Small

CITY OF BOSTON

BY: Ray [Signature]

CITY OF PAVO

BY: J. M. Lybarger

CITY OF COOLIDGE

BY: D. Hayes

CITY OF MEIGS

BY: W. D. Hickey

CITY OF BARWICK

BY: Chris Pope

CITY OF OCHLOCKNEE

BY: Sean Hurst

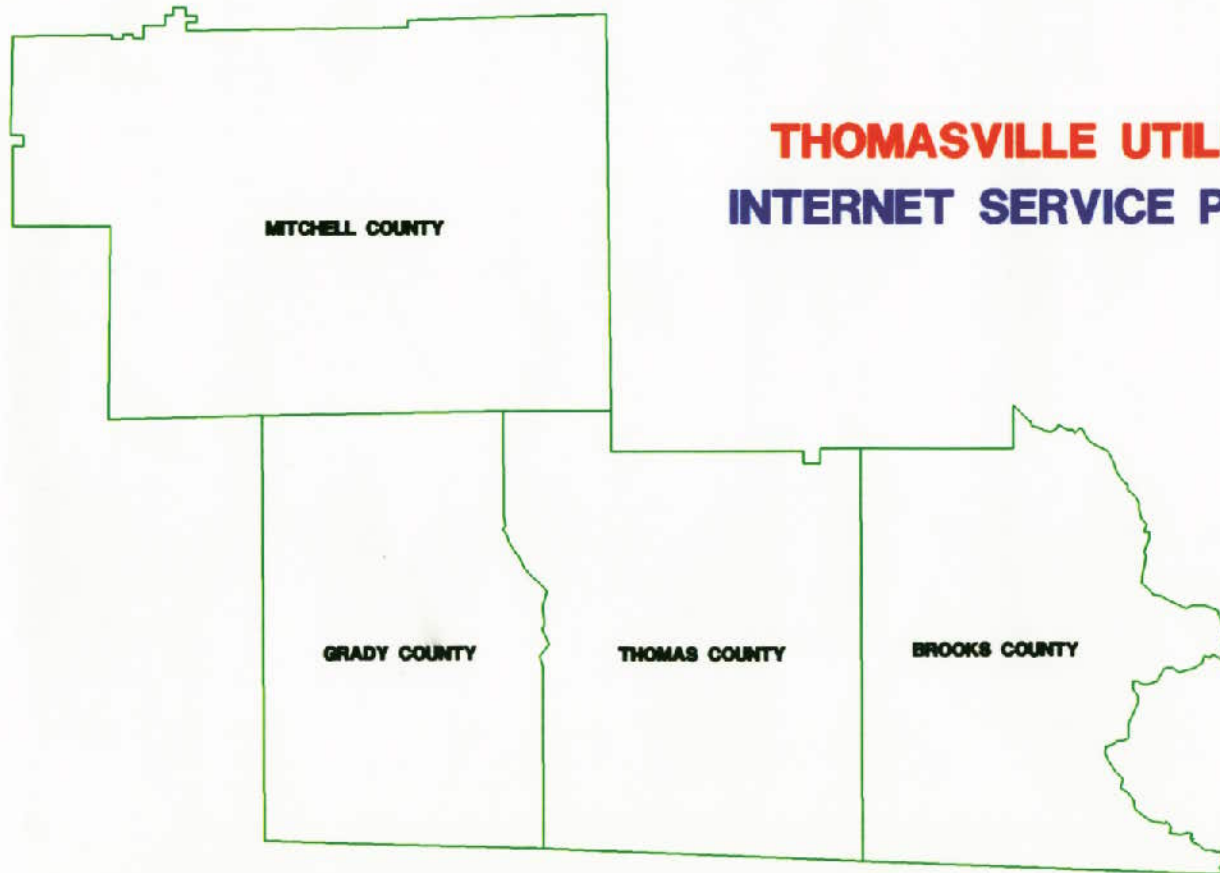
CITY OF METCALF

BY: N/A

THOMAS COUNTY HUMANE SOCIETY

BY: Paul D. Dwyer, D.V.M.

**THOMASVILLE UTILITIES  
INTERNET SERVICE PROVIDER AREA**



**MITCHELL COUNTY**

**GRADY COUNTY**

**THOMAS COUNTY**

**BROOKS COUNTY**