





### FORM 1

### COUNTY: Washington

#### **INSTRUCTIONS:**

After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click "Submit Form" to be directed to the next step.

These are the same forms and information DCA had previously been collecting, only in a new electronic format.

FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isnt needed, go directly to the FORM 5 tab at the top.

FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.

FORM 4 is for Local Government Certifications of New or Revised Services.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

#### 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.

Chamber of Commerce Cooperative Extension Service Davisboro Deepstep Harrison Oconee Riddleville Sandersville Small Towns Tennille Washington County

## III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

#### IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

**Animal Control Services Building Inspection/Code Enforcement Cooperative Extension Service County Coroner Economic Development Emergency Mangement Fire Protection Jail Services** Landfill and Solid Waste Collection Law Enforcement **Library Services Public Sanitary Sewerage** Public Water Supply/Treatment Recreation **Road/Bridge Maintenance Solid Waste Collection** Street Lights Tax Appraisal/Assessment **Tax Collection Voter Registration** 







### **FORM 2: Summary of Service Delivery Arrangements**

COUNTY: Washington	Service: Animal Control Services	
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.		
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching		

COL	UNIT: wasnington Service: Animal Control Services
1. CI	heck the box that best describes the agreed upon delivery arrangement for this service:
Ø	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.): Washington 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
$\Box$	Yes (if 'Yes', you must attach additional documentation as described, below) No
servi	ese conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be inated).
lf the	ese 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		
Sandersville	General Funds & reimbursed 50 percent by county 15 percent - Te	nnille	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Service Delivery Agreement	NA	5/20/1999-5/20/2099	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Horace Daniel, Planner Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) and phone numbers(s) below:			







### **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.	

CO	UNTY: Washington	Service: Building Inspection/Code Enforcement		
1. CI	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 count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
Ø	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o Sandersville, Tennille, Washington County			
	Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
$\Box$	Yes (if 'Yes', you must attach additional documentation as described, b No	ielow)		
If these conditions will continue under this 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				
elimi	eliminated).			
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			

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eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
	General Funds and User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Agreement	General	5/22/1999-5/22/2999	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?           None			
<ul> <li>7. Person completing form: Horace Daniel, Planner Phone number: (912) 255-2325 Date completed: 9/7/2011 </li> <li>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</li> </ul>			
If not, provide designated contact person(s) and phone numbers(s) below:			







## **FORM 2: Summary of Service Delivery Arrangements**

Instructions:	

Vake copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Washington S	ervice: Cooperative Extension Service		
1. Check the box that best describes the agreed upon delivery arrangement for	r this service:		
Service will be provided countywide (i.e., including all cities and unincorport identify the government, authority or organization providing the service.): Washington County			
Service will be provided only in the unincorporated portion of the county be government, authority or organization providing the service.):	by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporated to (If this box is checked, identify the government(s), authority or organization			
One or more cities will provide this service only within their incorporated be areas. (If this box is checked, identify the government(s), authority or organized be areas areas.			
Other (If this box is checked, <b>attach a legible map delineating the serv</b> authority, or other organization that will provide service within each service	· · · · · · · · · · · · · · · · · · ·		
2. In developing this strategy, were overlapping service areas, unnecessary co	mpetition and/or duplication of this service identified?		
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as described, below</li> <li>☑ No</li> </ul>	ow)		
If these conditions will continue under this 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		
Cooperative Extension Service	ooperative Extension Service State of Georgia w supplements from County General Funds		
Washington County	State of Georgia w supplements from County General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Washington County Cooperative Extension Service	NA	5/22/1999-5/22/3000	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) and phone numbers(s) below:			







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Instructions:	
Make copies of this form and complete one for each service listed on FORM 1, Section III. Us additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Washington	Service: County Coroner
1. Check the box that best describes the agreed upon delivery arrangement	t for this service:
Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Washington County	
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se	, , , , , , , , , , , , , , , , ,
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
<ul> <li>Yes (if 'Yes', you must attach additional documentation as described,</li> <li>No</li> </ul>	below)
If these conditions will continue under this strategy, <b>attach an explanation</b> service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).	
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for cor	

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	
Washington County	General Funds	
4. How will the strategy change the previous arr	rangements for providing and/or funding this service within the county?	
No Change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the stratec	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
<ol> <li>What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and wh</li> </ol>	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
None		
7. Person completing form: Horace Daniel , Na Phone number: (912) 255-2325 Date cor	mpleted: <b>9/7/2011</b>	
8. Is this the person who should be contacted b service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	projects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
со	UNTY: Washington	Service: Economic Development
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Washington County	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
□ ▼	Yes (if 'Yes', you must attach additional documentation as described, No	below)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	or reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation 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	
Chamber of Commerce	Chamber of Funds, supplemental by County, City of Sandersville,	Tennille
4. How will the strategy change the previous an	rangements for providing and/or funding this service within the county?	
No Change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	ly for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
<ol> <li>What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and wh</li> </ol>	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
None		
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date co	mpleted: 9/7/2011	
8. Is this the person who should be contacted b service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	projects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
со	UNTY: Washington	Service: Emergency Mangement
1. C	heck the box that best describes the agreed upon delivery arrangement	; for this service:
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service Washington County	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, <b>attach a legible map delineating the se</b> authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
$\Box$	Yes (if 'Yes', you must attach additional documentation as described, I No	below)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	r reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an impleme	entation 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	
Washington County	General Funds and 1.5 percentage telephone fee	
4. How will the strategy change the previous arr	angements for providing and/or funding this service within the county?	
No Change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
<ol> <li>What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and who None</li> </ol>	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date cor	npleted: 9/7/2011	
8. Is this the person who should be contacted by service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	projects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
COL	COUNTY: Washington Service: Fire Protection			
1. Cl	neck the box that best describes the agreed upon delivery arrangement	for this service:		
V	Service will be provided countywide (i.e., including all cities and uninconstruction of the government, authority or organization providing the service <b>Washington County</b>			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?		
$\square$	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of		
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be		
	ese conditions will be eliminated under the strategy, attach an implementation at the responsible party and the agreed upon deadline for com			

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	
Washington County	General Funds, Fundraisers, City General Funds	
4. How will the strategy change the previous arr	rangements for providing and/or funding this service within the county?	
No Change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
<ol> <li>What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and wh</li> <li>None</li> </ol>	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date cor	mpleted: 9/7/2011	
8. Is this the person who should be contacted b service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	rojects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







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Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Washington	Service: Jail Services	
1. Check the box that best describes the agreed upon delivery arrangement	nt for this service:	
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi	corporated areas) by a single service provider. (If this box is checked, ce.):	
Service will be provided only in the unincorporated portion of the course government, authority or organization providing the service.):	inty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. ization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority o Sandersville, Washington County	ated boundaries, and the county will provide the service in unincorporated r organization providing the service.):	
Other (If this box is checked, <b>attach a legible map delineating the</b> authority, or other organization that will provide service within each	<b>service area of each service provider,</b> and identify the government, service area.):	
2. In developing this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?	
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as described</li> <li>☑ No</li> </ul>	, below)	
If these conditions will continue under this strategy, attach an explanation	n 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, eliminated).	or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an impler eliminate them, the responsible party and the agreed upon deadline for co		

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	
Sandersville	General Funds	
Washington County	County General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No Change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None		
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes		
If not, provide designated contact person(s) a	and phone numbers(s) below:	

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Instructions:





SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Washington	Service: Landfill and Solid Waste Collection
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi Washington County	ncorporated areas) by a single service provider. (If this box is checked, ice.):
Service will be provided only in the unincorporated portion of the course government, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority o	ated boundaries, and the county will provide the service in unincorporated r organization providing the service.):
Other (If this box is checked, <b>attach a legible map delineating the</b> authority, or other organization that will provide service within each	service area of each service provider, and identify the government, service area.):
2. In developing this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?
<ul> <li>Yes (if 'Yes', you must attach additional documentation as described</li> <li>No</li> </ul>	d, below)
If these conditions will continue under this strategy, <u>attach an explanatio</u> service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).	
If these conditions will be eliminated under the strategy, attach an impler	nentation schedule listing each step or action that will be taken to

Page 1 of 2

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	
Washington County	General Funds and User Fees	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No Change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None		
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date cor	mpleted: <b>9/7/2011</b>	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

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: Washington	Service: Law Enforcement	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unin identify the government, authority or organization providing the servi	acorporated areas) by a single service provider. (If this box is checked, ice.):	
Service will be provided only in the unincorporated portion of the course government, authority or organization providing the service.):	inty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. ization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority o Davisboro, Harrison, Sandersville, Tennille, Washington County		
Other (If this box is checked, <b>attach a legible map delineating the</b> authority, or other organization that will provide service within each	service area of each service provider, and identify the government, service area.):	
2. In developing this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?	
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as described</li> <li>☑ No</li> </ul>	l, below)	
If these conditions will continue under this strategy, attach an explanation	n 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 impler		
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		
Davisboro	County General Funds, Fee, Fines & Forfeitures		
Sandersville	County General Funds, Fee, Fines & Forfeitures		
Tennille	County General Funds, Fee, Fines & Forfeitures		
Washington County	General Funds, Fees, Fines & Forfeitures		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:           Agreement Name         Contracting Parties         Effective and Ending Dates			
Master Service Delivery Agreement	NA	5/22/1999-5/22/3000	
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?			
		, local acts of the General	
		, local acts of the General	
Assembly, rate or fee changes, etc.), and when the second	en will they take effect?	, local acts of the General	
Assembly, rate or fee changes, etc.), and when the second	en will they take effect?		







## **FORM 2: Summary of Service Delivery Arrangements**

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: Washington	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 unince identify the government, authority or organization providing the service Washington County	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as described,</li> <li>☑ No</li> </ul>	below)
If these conditions will continue under this strategy, attach an explanation	
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c eliminated).	r reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, <b>attach an impleme</b> eliminate them, the responsible party and the agreed upon deadline for corr	

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		
Washington County	County General Funds and the Oconee Regional Library System		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Service Delivery	General	5/20/1999-5/20/2999	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) and phone numbers(s) below:			

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## **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
со	UNTY: Washington	Service: Public Sanitary Sewerage
1. C	heck the box that best describes the agreed upon delivery arrangement	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic	
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
V	One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organiz Sandersville, Tennille	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, <b>attach a legible map delineating the s</b> authority, or other organization that will provide service within each s	
2. In	developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)
serv	ese conditions will continue under this strategy, <b>attach an explanation</b> ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an implem	entation 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	
Sandersville	Enterprise Funds and User Fees	
Small Towns	Enterprise Funds and User Fees	
Tennille	Enterprise Funds and User Fees	
	rangements for providing and/or funding this service within the county?	
ΝΑ		
	or intergovernmental contracts that will be used to implement the strateg	
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Service Deliveray Agreement	General	5/20/1999-5/22/2999
Assembly, rate or fee changes, etc.), and wh	to implement the strategy for this service (e.g., ordinances, resolutions, nen will they take effect?	local acts of the General
ΝΑ		
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date co	mpleted: <b>9/7/2011</b>	
8. Is this the person who should be contacted b service delivery strategy? Yes	by state agencies when evaluating whether proposed local government p	projects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







### **FORM 2: Summary of Service Delivery Arrangements**

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COUNTY: Washington	Service: Public Water Supply/Treatment
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.
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use	exactly the same service names listed on FORM 1. Answer each question below, attaching

000	
1. Ch	neck 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: Sandersville
	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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as described, below) No
servio	se conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be nated).

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		
Sandersville	Enterprise Funds and User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
master Service Delivery Agreement	General	5/20/1999-5/20/2999	
<ol> <li>What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and wh</li> <li>NA</li> </ol>	to implement the strategy for this service (e.g., ordinances, resolutions en will they take effect?	, local acts of the General	
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







## **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Sec additional pages as necessary. If the contact person for this service (listed at the bottom	ction III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching of the page) changes, this should be reported to the Department of Community Affairs.
COUNTY: Washington	Service: Recreation
1. Check the box that best describes the agreed upon delivery arra	
Service will be provided countywide (i.e., including all cities an identify the government, authority or organization providing the Washington County	nd unincorporated areas) by a single service provider. (If this box is checked, ne service.):
Service will be provided only in the unincorporated portion of government, authority or organization providing the service.):	the county by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their ind (If this box is checked, identify the government(s), authority o	corporated boundaries, and the service will not be provided in unincorporated areas. r organization providing the service:
One or more cities will provide this service only within their indates. (If this box is checked, identify the government(s), auth	corporated boundaries, and the county will provide the service in unincorporated nority or organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineatin</u> authority, or other organization that will provide service within	<b>ng the service area of each service provider</b> , and identify the government, n each service area.):
2. In developing this strategy, were overlapping service areas, unn	ecessary competition and/or duplication of this service identified?
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as de</li> <li>☑ No</li> </ul>	scribed, below)
If these conditions will continue under this strategy, attach an expl	lanation 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 dupl eliminated).	ication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an eliminate them, the responsible party and the agreed upon deadline	implementation schedule listing each step or action that will be taken to e 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.):

I Funds and User Fees ents for providing and/or funding this service within the county? overnmental contracts that will be used to implement the strateg	y for this service:		
	y for this service:		
overnmental contracts that will be used to implement the strateg	y for this service:		
overnmental contracts that will be used to implement the strateg	y for this service:		
Contracting Parties	Effective and Ending Dates		
al	5/20/1999-5/20/2999		
ement the strategy for this service (e.g., ordinances, resolutions, hey take effect?	local acts of the General		
None         7. Person completing form: Horace Daniel, NA         Phone number: (912) 255-2325       Date completed: 9/7/2011         8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes         If not, provide designated contact person(s) and phone numbers(s) below:			
	ement the strategy for this service (e.g., ordinances, resolutions, hey take effect? : 9/7/2011 agencies when evaluating whether proposed local government p		







## **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Washington		Service: Road/Bridge Maintenance
1. Check the box that best describes the ag	reed upon delivery arrangement	
Service will be provided countywide (i identify the government, authority or c		prporated areas) by a single service provider. (If this box is checked, a.):
Service will be provided only in the un government, authority or organization		ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this se (If this box is checked, identify the gov		ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this se areas. (If this box is checked, identify <b>Davisboro, Deepstep, Harrison, Oc</b>	the government(s), authority or c	
Other (If this box is checked, <u>attach a</u> authority, or other organization that w	• • •	ervice area of each service provider, and identify the government, ervice area.):
2. In developing this strategy, were overlap	ping service areas, unnecessary	competition and/or duplication of this service identified?
<ul> <li>☐ Yes (if 'Yes', you must attach addition</li> <li>☑ No</li> </ul>	al documentation as described, l	below)
If these conditions will continue under this s	trategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
service (See O.C.G.A. 36-70-24(1)), overrid	ling benefits of the duplication, o	r reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under eliminate them, the responsible party and the terms are the the terms and the terms are		entation schedule listing each step or action that will be taken to

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		
Davisboro	General Funds and State Sources		
Deepstep	General Funds and State Sources		
Harrison	General Funds and State Sources		
Oconee	General Funds and State Sources		
Riddleville	General Funds and State Sources		
Tennille	General Funds and State Sources		
Ashington County General Funds, SPLOST and LARP			
<ul> <li>4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> <li>No Change</li> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> </ul>			
Agreement Name	Contracting Parties	Effective and Ending Dates	
MasterService Delivery Agreement	General	5/20/1999-5/20/2999	
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?			
Assembly, rate or fee changes, etc.), and wh		, local acts of the General	
		, local acts of the General	
Assembly, rate or fee changes, etc.), and when the second	en will they take effect?	, local acts of the General	
Assembly, rate or fee changes, etc.), and when the second	en will they take effect?		







## FORM 2: Summary of Service Delivery Arrangements

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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.			
COL	UNTY: Washington	Service: Solid Waste Collection	
1. Cł	heck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza <b>Sandersville</b>	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, <b>attach a legible map delineating the se</b> authority, or other organization that will provide service within each se		
2. In	developing this strategy, were overlapping service areas, unnecessary Yes (if 'Yes', you must attach additional documentation as described, b		
If the servi	No ese conditions will continue under this strategy, <u>attach an explanation f</u> ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or inated).		
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		

Page 1 of 2

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
	General Funds and User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
MasterService Delivery Agreement	General	5/20/1999-5/20/2999	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?           None			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) and phone numbers(s) below:			







# FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
COUN	NTY: Washington	Service: Street Lights	
1. Che	eck 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
а	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o Sandersville, Washington County	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, <b>attach a legible map delineating the so</b> authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
	<b>/es</b> (if 'Yes', you must attach additional documentation as described, <b>No</b>	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service elimina	e (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o ated).	r reasons that overlapping service areas or competition cannot be	
If these	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
elimina	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		
Sandersville	Electric Fund		
Washington County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name Master Service Dleivery Agreement	Contracting Parties General	Effective and Ending Dates 5/20/1999-5/20/2999	
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? NA			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







### FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Washington Service: Tax Appraisal/Assessment			
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.): Washington 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 (If this box is checked, identify the government(s), authority or organization providing the service:	areas.		
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporat areas. (If this box is checked, identify the government(s), authority or organization providing the service.):	ed		
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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as described, below)</li> <li>☑ No</li> </ul>			
If these conditions will continue under this 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		
Washington County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







## **FORM 2: Summary of Service Delivery Arrangements**

Instructions:	
Make copies of this form and complete one for each service listed on FORM 1, Section III. Us additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Washington	Service: Tax Collection
1. Check the box that best describes the agreed upon delivery arrangement	t for this service:
Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Washington County	
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
<ul> <li>Yes (if 'Yes', you must attach additional documentation as described,</li> <li>No</li> </ul>	below)
If these conditions will continue under this strategy, <b>attach an explanation</b> service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).	<u> </u>
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for cor	

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		
Davisboro	7 and 1/2 percent of digest from City's General Fund		
Deepstep	7 and 1/2 percent of digest from City's General Fund		
Harrison	7 and 1/2 percent of digest from City's General Fund		
Oconee	7 and 1/2 percent of digest from City's General Fund		
Riddleville	7 and 1/2 percent of digest from City's General Fund		
Tennille			
Washington County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Horace Daniel, NA Phone number: (912) 255-2325 Date completed: 9/7/2011			
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			
	y state agencies when evaluating whether proposed local government p	projects are consistent with the	







## **FORM 2: Summary of Service Delivery Arrangements**

additional pages as necessary. If the contact person for this service (listed at the bottom of the p	lage) changes, this should be reported to the Department of Community Affairs.
COUNTY: Washington	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 uni identify the government, authority or organization providing the serv Washington County	incorporated areas) by a single service provider. (If this box is checked, vice.):
Service will be provided only in the unincorporated portion of the co government, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or orga	rated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:
One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the</u> authority, or other organization that will provide service within each	e service area of each service provider, and identify the government, a service area.):
2. In developing this strategy, were overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
<ul> <li>☐ Yes (if 'Yes', you must attach additional documentation as describe</li> <li>☑ No</li> </ul>	d, below)
If these conditions will continue under this strategy, <b>attach an explanational service</b> (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication eliminated).	on for continuing the arrangement (i.e., overlapping but higher levels of n, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, <b>attach an imple</b> eliminate them, the responsible party and the agreed upon deadline for o	

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		
Washington County	General Funds and State Assistance		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No Change			
5. List any formal service delivery agreements of	or intergovernmental contracts that will be used to implement the stra	ategy for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Service Delivery	General	5/20/1999-5/20/2999	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?           None			
<ul> <li>7. Person completing form: Horace Daniel, NA</li> <li>Phone number: (912) 255-2325 Date completed: 9/7/2011</li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the</li> </ul>			
service delivery strategy? <b>Yes</b> If not, provide designated contact person(s) a	and phone numbers(s) below:		







### FORM 3: Summary of Land Use Agreements

#### Instructions:

Please note that any changes to the answers provided will require an update 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: Washington

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
None
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
Amendments to existing comprehensive plans
Adoption of a joint comprehensive plan
Other measures (amend zoning ordinances, add environmental regulations, etc.)
If the necessary plan amendments, regulations, ordinances, etc. have not been formally adopted, indicate when each of the affected local governments will adopt them.
3. 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? NA
4. Person completing form: Horace Daniel, Planner
Phone number: (912) 255-2325 Date completed: 9/20/2011
5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes
If not, provide designated contact person(s) and phone numbers(s) below:

#### RESOLUTION #2011-02: A JOINT RESOLUTION BY THE WASHINGTON COUNTY BOARD OF COMMISSIONERS AND THE CITIES OF SANDERSVILLE, TENNILLE, AND DAVISBORO, GEORGIA TO RE-ADOPT THE JOINT WASHINGTON COUNTY SERVICE DELIVERY STRATEGY UNTIL FEBRUARY 28, 2012 AND TO AUTHORIZE SUBMITTAL TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

WHEREAS, an extension of the existing Service Delivery Strategy for Washington County, Georgia and the City of Sandersville, Georgia, the City of Tennille, Georgia, the City of Davisboro, Georgia and other municipalities within Washington County was approved by the Georgia Department of Community Affairs on July 15, 2011; and

WHEREAS, the Service Delivery Strategy must be updated, among other times, simultaneously with the Comprehensive Plan update; and

WHEREAS, the governing bodies of Washington County, the City of Sandersville, the City of Tennille, and the City of Davisboro wish to extend the deadline for submitting the update of the Joint Washington County Service Delivery Strategy until February 28, 2012;

NOW, THEREFORE, BE IT RESOLVED that the Washington County Board of Commissioners, and the Mayor and Council of the Cities of Sandersville, Tennille, and Davisboro, Georgia do hereby re-adopt the Joint Washington County Service Delivery Strategy and request an extension of the update of this service delivery strategy until February 28, 2012.

Adopted this 10th day of November, 2011

BY: John Wilbanks, Mayor of Tennille

BY: Jennifer May, City of Tennille Clerk

WASHINGTON COUNTY BOARD OF COMMISSIONRS

BY: Horace Daniels, Chairman

BY: Chris Hutchings, County Administrator/Clerk

BY: Hurley Ridgeway, Mayor of Davisbo

BY: Tonya Coleman, City of Davisboro Clerk

BY: Jimpay Andrews, Mayor of Sandersville

BY: Karrie Brown, City of Sandersville Clerk