





FORM 1

COUNTY: TERRELL COUNTY

I. GENERAL INSTRUCTIONS:

- 1. FORM 1 is required for **ALL** SDS submittals. 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 that are continuing *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.)

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
 List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2). 	 4. In Section IV type, "NONE." 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below.
6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it 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, FORM 4).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

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 UNDER THE "OPTION A" PROCESS DESCRIBED. ABOVE.

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.

Terrell County Airport Authority

Crisp County Solid Waste Authority

City of Bronwood City of Sasser

Terrell County Chamber of Commerce

City of Dawson

City of Parrott

TransWaste Services

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.

Building Inspection Cemetery County Correctional Institute

Emergency Management Services Fire Protection Jail

Law Enforcement Library Parks & Recreation

Planning/Zoning Public Health Services Public Works

Roads/Bridges Const./Maint. Utilities: Gas Sewage Collection/Disposal

Social Services

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.

Airport Animal Control

Courts(except Municipa Court) Econ Dev. (Terrell Chamber of Commerce)

Solid Waste Management Water Supply/Distribution







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:TERRELL	Service: Airport
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Terrell County
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	that will help to pay for this service and indicate heal funds, special service district revenues, hotel/mo	
Local Government or Authoric Terrell County	General Funds/User Fees	etnod
Terreil County	General Funds/Oser Fees	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
Airport Authority was created		
5. List any formal service delivery at this service:	greements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effort	
None		
7. Person completing form: Beth Pa Phone number: (229) 995-4476	rnacott, County Clerk Date completed: October 2009	
	contacted by state agencies when evaluating whet ervice delivery strategy? ⊠Yes ⊡No	her proposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE 8	person(s) and phone number(s) below: PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:TERRELL	Service: Animal Control
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Terrell County
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Author	rity Funding I	Method
Terrell County	General Funds	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
Humane Society Fees are no lon	ger utilized as a funding method	
List any formal service delivery this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy fo
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any)	Contracting Parties O will be used to implement the strategy for this serence or fee changes, etc.), and when will they take expressions.	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any)) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any)) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, ra) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) acts of the General Assembly, random None Person completing form: Beth Form Phone number: (229) 995-4476 Is this the person who should be) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifiect?







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 Arians.	
COUNTY:TERRELL	Service: Building Inspection
1. Check the boy that heat describes the agreed upon	a delivery errongement for this convice.
 Check the box that best describes the agreed upor 	r delivery arrangement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: station Here
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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.

Local Government or Authority	Funding Met	hod
City of Dawson	General Fund	
•		
low will the strategy change the prev	vious arrangements for providing and/or funding	this service within the county?
o Changes		
	ments or intergovernmental contracts that will be	e used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
	<u> </u>	
	be used to implement the strategy for this service	
	be used to implement the strategy for this service fee changes, etc.), and when will they take effect	
icts of the General Assembly, rate or		
icts of the General Assembly, rate or		
acts of the General Assembly, rate or		
one	fee changes, etc.), and when will they take effective	
cts of the General Assembly, rate or one Person completing form: Beth Parna	fee changes, etc.), and when will they take effective cott, County Clerk	
one Person completing form: Beth Parna	fee changes, etc.), and when will they take effective	
one Person completing form: Beth Parna Phone number: (229) 995-4476	fee changes, etc.), and when will they take effective cott, County Clerk Date completed: October 2009	ct?
one Person completing form: Beth Parna Phone number: (229) 995-4476 Is this the person who should be cont	cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating whether	ct?
one Person completing form: Beth Parna Phone number: (229) 995-4476	cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating whether e delivery strategy? ⊠Yes □No	ct?







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

should be reported to the Department of Community Affairs.	
COUNTY:TERRELLL	Service: Cemetery
Check the box that best describes the agreed upor	n delivery arrangement for this service:
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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	s. List each government or autl	hority that will	help to pay for t	his service and in	ndicate how the ser	vice will be funded (e.g	j.,
	enterprise funds, user fees, g	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impac	t
	fees, bonded indebtedness, e	etc.).				•	

Local Government or Autho	rity Funding	Method
Dawson	General Funds/Fees	
Bronwood	General Funds/Fees	
Parrott	General Funds/Fees	
4. How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
No Changes		
List any formal service delivery this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
None		
7. Person completing form: Beth I Phone number: (229) 995-4476		
8. Is this the person who should b projects are consistent with the	e contacted by state agencies when evaluating wh service delivery strategy? ⊠Yes ⊡No	nether proposed local government
If not, provide designated conta TYPE CONTACT NAME, TITLE	ct person(s) and phone number(s) below: E & PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TERRELL	Service: County Correctional Institute
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Terrell County
	red portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and ration that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding .	Method
errell County	General Funds/State Funds	
How will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?
3,7 3 1		
o Changes		
o Changes		
o Changes		
	ments or intergovernmental contracts that w	rill be used to implement the strategy
	ments or intergovernmental contracts that w	ill be used to implement the strategy f
List any formal service delivery agree his service:	-	
_ist any formal service delivery agree	ments or intergovernmental contracts that w Contracting Parties	ill be used to implement the strategy in the s
List any formal service delivery agreenis service:	-	,
List any formal service delivery agreenis service:	-	,
List any formal service delivery agreenis service:	-	,
List any formal service delivery agree	-	,

7. Person completing form: Beth Parnacott, County Clerk

None

Phone number: (229) 995-4476 Date completed: October 2009

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:TERRELL	Service: Courts (except Municipal Court)
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Terrell County
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service: zation Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

fees, bonded indebtedness, etc	.).		
Local Government or Author	rity	Funding M	lethod
Terrell County	General		
4. How will the strategy change the	e previous arran	ngements for providing and/or funding	ng this service within the county?
Municipal Courts are not include	d in this Service	Delivery Strategy any longer.	
	agreements or in	ntergovernmental contracts that will	Il be used to implement the strategy for
this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
Agreement Name		Contracting Funces	Encouve and Enamy Dates
6. What other mechanisms (if any	مع النبير (implement the strategy for this serv	vice (e.g., ordinances, resolutions, local
acts of the General Assembly, r		les, etc.), and when will they take el	
		les, etc.), and when will they take el	
acts of the General Assembly, r		les, etc.), and when will they take et	
		les, etc.), and when will they take et	
acts of the General Assembly, r		les, etc.), and when will they take el	
acts of the General Assembly, r		les, etc.), and when will they take el	
acts of the General Assembly, r	ate or fee chang		
acts of the General Assembly, r None 7. Person completing form: Beth Phone number: (229) 995-4476	Parnacott, Cour	nty Clerk pleted: October 2009	ffect?
acts of the General Assembly, r None 7. Person completing form: Beth Phone number: (229) 995-4476	Parnacott, Cour Date comp	nty Clerk pleted: October 2009 state agencies when evaluating whe	ffect?
acts of the General Assembly, r None 7. Person completing form: Beth Phone number: (229) 995-4476 8. Is this the person who should b	Parnacott, Cour Date comp e contacted by s service delivery	nty Clerk pleted: October 2009 state agencies when evaluating whe strategy? ⊠Yes □No	ffect?







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

should be reported to the Department of Community Ariairs.	
COUNTY:TERRELL	Service: Economic Development (Terrell County Chamber of Commerce)
1. Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Terrell County Chamber of
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./pverlapping service areas or competition cannot be expressed in the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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.

	hat will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Terrell County	General Funds/Private Revenues	
Dawson	General Funds	
4. How will the strategy change the pr	revious arrangements for providing and/or funding this	service within the county?
Chamber of Commerce is now in cha	arge of economic development activities.	
List any formal service delivery agree this service:	eements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates

6. What other mechanisms (if any acts of the General Assembly, r		g., ordinances, r	esolutions, local
None			
7. Person completing form: Beth Phone number: (229) 995-4476			

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TERRELL	Service: Emergency Management Services and Rescue
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Terrell County
	ted portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and ration that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
errell County	General Funds	
low will the strategy change the pre	vious arrangements for providing and/or fund	ding this service within the county?
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Changes		
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ist any formal service delivery agre	ements or intergovernmental contracts that w	vill be used to implement the strategy
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Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
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Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Vhat other mechanisms (if any) will	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will		
Vhat other mechanisms (if any) will	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this ser r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser fee changes, etc.), and when will they take acott, County Clerk	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this ser ree changes, etc.), and when will they take a acott, County Clerk Date completed: October 2009	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this ser fee changes, etc.), and when will they take a acott, County Clerk Date completed: October 2009	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this ser fee changes, etc.), and when will they take a acott, County Clerk Date completed: October 2009	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this ser fee changes, etc.), and when will they take a acott, County Clerk Date completed: October 2009	rvice (e.g., ordinances, resolutions, lo







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.

,	
COUNTY:TERRELL	Service: Fire Protection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the arrott and Sasser
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> 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
Terrell County	Ad Valorem Tax/Insurance Premium Tax
Dawson	General Funds
Sasser	General Funds/Donation
Parrott	General Funds/Donation
Bronwood	General Funds/Donation

Bronwood	General Funds/Donation	
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No Changes		
List any formal service delivery a this service:	greements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Informal Agreement		
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	
7. Person completing form: Beth Pa Phone number: (229) 995-4476	arnacott, County Clerk Date completed: October 2009	
	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE	t person(s) and phone number(s) below: & PHONE HERE	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessions below to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TERRELL	Service: Jail
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Terrell County
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
Ferrell County	General Funds/Fees	
	1	
low will the strategy change the prev	rious arrangements for providing and/or fund	ding this service within the county?
o Changas		
o Changes		
	ments or intergovernmental contracts that w	vill be used to implement the strategy
nis service:		
	ments or intergovernmental contracts that w Contracting Parties	vill be used to implement the strategy Effective and Ending Date
nis service:		
nis service:		
nis service:		
his service:		
nis service:		
nis service:		
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Mhat other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this set	Effective and Ending Date of the Property of t

projects are consistent with the service delivery strategy? ⊠Yes □No

If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







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.

COUNTY:TERRELLL	Service:Law Enforcement	
Check the box that best describes the agreed upor	n 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.): Type Name of Government , Authority or Organization Here		
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.): Type Name of Government, Authority or Organization Here		
☐ 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: Type Name of Government, Authority or Organization Here		
☐ 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.): Type Name of Government, Authority or Organization Here		
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): The service is ent and City of Dawson provides this service for its jurisdiction	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that	

If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> 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	e taxes, impact
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding Me	ethod	
Terrell County	General Funds/Fines		
Dawson	General Funds/Fines		
4. How will the strategy change the p	revious arrangements for providing and/or funding	g this service within the county?	
No Changes			
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	
	Il be used to implement the strategy for this servior fee changes, etc.), and when will they take eff		
None			
projects are consistent with the ser	nacott, County Clerk Date completed: October 2009 ontacted by state agencies when evaluating whet vice delivery strategy? ⊠Yes □No	her proposed local government	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	, · · · · · · · · · · · · · · · · ·	
COUNTY:TERRELL	Service: Library	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Terrell County	
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority	
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: Type Name of Government, Authority or Organization Here		
☐ 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.): Type Name of Government, Authority or Organization Here		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

errell County	General Funds/State	
o Changes		
List any formal service delivery agreen is service:	ements or intergovernmental contracts that v	vill be used to implement the strategy f
	ements or intergovernmental contracts that v Contracting Parties	vill be used to implement the strategy f
nis service:		
Agreement Name What other mechanisms (if any) will be		Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	Contracting Parties De used to implement the strategy for this se	Effective and Ending Da

7. Person completing form: **Beth Parnacott, County Clerk**Phone number: **(229) 995-4476**Date completed: October 2009

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:TERRELL	Service: Parks and Recreation	
Check the box that best describes the agreed upor	n 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.): Terrell County		
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
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: Type Name of Government, Authority or Organization Here		
☐ 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.): Type Name of Government, Authority or Organization Here		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority	Funding N	lethod
Terrell County	General Funds	
I. How will the strategy change the prev	ious arrangements for providing and/or fundi	ng this service within the county?
No Changes		
The Changes		
List any formal service delivery agreer this service:	ments or intergovernmental contracts that wil	I be used to implement the strategy for
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
See attached		
	e used to implement the strategy for this serv	
	e used to implement the strategy for this serv fee changes, etc.), and when will they take et	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or to	fee changes, etc.), and when will they take et	
acts of the General Assembly, rate or to act acts of the General Assembly, ra	fee changes, etc.), and when will they take etc.	
None 7. Person completing form: Beht Parnac Phone number: (229) 995-4476	cott, County Clerk Date completed: October 2009	ffect?
None 7. Person completing form: Beht Parnace Phone number: (229) 995-4476 8. Is this the person who should be contained to the contained to	cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating whe	ffect?
None 7. Person completing form: Beht Parnace Phone number: (229) 995-4476	cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating whe	ffect?







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

should be reported to the Department of Community Arians.		
COUNTY:TERRELL	Service: Planning and Zoning	
Check the box that best describes the agreed upor	n 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.): Type Name of Government Authority or Organization Here		
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.): Type Name of Government, Authority or Organization Here		
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provide in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service Type Name of Government, Authority or Organization Here		
⊠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.): Terrell County, Bronwood, Parrott, and Sasser. Dawson provides own		
Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government , Authority or Organization Here		
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documentation as described, below)		
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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	ist each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	nterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	ees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Terrell County	General Funds
Dawson	General Funds
Sasser	General Funds
Bronwood	General Funds
Parrott	General Funds

Bronwood	General Funds	
Parrott	General Funds	
4. How will the strategy change the p	previous arrangements for providing a	nd/or funding this service within the county?
No Changes		
this service:	reements or intergovernmental contra	cts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	rill be used to implement the strategy fe or fee changes, etc.), and when will t	or this service (e.g., ordinances, resolutions, local hey take effect?
None		
7. Person completing form: Beth Pa Phone number: (229) 995-4476	rnacott, County Clerk Date completed: October 2009	
	contacted by state agencies when evalurice delivery strategy? ⊠Yes □No	luating whether proposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE &	person(s) and phone number(s) below PHONE HERE	r.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:TERRELL	Service: Public Health Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Terrell County	
	red portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
	nap delineating the service area of each service provider, and ration that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Authority	Funding Me	ethod
Terrell County	General Funds/State Funds	
Llauvill the strategy above the pro-		a this consists within the country?
now will the strategy change the pre	vious arrangements for providing and/or fundin	ig this service within the county?
No Changes		
	ements or intergovernmental contracts that will	be used to implement the strategy for
	ements or intergovernmental contracts that will	be used to implement the strategy for
	ements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy for Effective and Ending Dates
this service:		
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will acts of the General Assembly, rate of None Person completing form: Beth Parna	Contracting Parties be used to implement the strategy for this serving fee changes, etc.), and when will they take effective feether	Effective and Ending Dates ice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will acts of the General Assembly, rate of None Person completing form: Beth Parna	Contracting Parties be used to implement the strategy for this serving fee changes, etc.), and when will they take eff	Effective and Ending Dates ice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of None Person completing form: Beth Parna Phone number: (229) 995-4476	Contracting Parties be used to implement the strategy for this serving fee changes, etc.), and when will they take effective feether	Effective and Ending Dates ice (e.g., ordinances, resolutions, located)







FORM 2: Summary of Service Delivery Arrangements

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hould be reported to the Department of Community Affairs.		
COUNTY:TERRELL	Service: Public Works	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,	
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the arrott and Sasser	
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

3	. List each government or autl	hority that will	help to pay for t	his service and in	dicate how the ser	vice will be funded (e.g	J.,
	enterprise funds, user fees, g	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impac	t
	fees, bonded indebtedness, e	etc.).				-	

Local Government or Authority	Funding Method
Terrell County	General Funds
Dawson	General Funds
Parrott	General Funds
Sasser	General Funds
Bronwood	General Funds

Sasser	General Funds			
Bronwood	General Funds			
4. How will the strategy change the	previous arrangements for providing and/or	funding this service within the county?		
No Ohanasa				
No Changes				
5. List any formal service delivery ag	greements or intergovernmental contracts the	nat 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 th	is service (e.g., ordinances, resolutions, local		
	e or fee changes, etc.), and when will they t			
None				
7. Person completing form: Beth Pa Phone number: (229) 995-4476	arnacott, County Clerk Date completed: October 2009			
Priorie number. (229) 995-4476	Date completed. October 2009			
8. Is this the person who should be	contacted by state agencies when evaluatir	ng whether proposed local government		
	ervice delivery strategy? Yes No	ig whether proposed local government		
If not, provide designated contact	person(s) and phone number(s) below:			
TYPE CONTACT NAME, TITLE & PHONE HERE				







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Arrains.			
COUNTY:TERRELL	Service: Roads/Bridges Construction and Maintenance		
Check the box that best describes the agreed upor	a delivery arrangement for this convice:		
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,		
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ser and Dawson		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		

If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> 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
Terrell County	General Funds/SPLOST
Dawson	General Funds
Bronwood	General Funds
Parrott	General Funds
Sasser	General Funds

Parrott	General Funds	
Sasser	General Funds	
4. How will the strategy change th	e previous arrangements for providing and/or fun	ding this service within the county?
No Changes		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	
None		
7. Person completing form: Beth I Phone number: (229) 995-4476	Parnacott, County Clerk Date completed: October 2009	
	e contacted by state agencies when evaluating w service delivery strategy? $oxtimes$ Yes $oxtimes$ No	hether proposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE	ct person(s) and phone number(s) below: & PHONE HERE	







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.

,	
COUNTY:TERRELL	Service: Sewage Collection/Disposal
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government ,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate	gy, attach an implementation schedule listing each step or action that

	ty that will help to pay for this service and inderal funds, special service district revenues, h				
Local Government or Authority Funding Method					
Dawson	Sewer Treatment Budget				
No Change	e previous arrangements for providing and/or	funding this service within the county? hat will be used to implement the strategy for			
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: Beth Parnacott, County Clerk

Phone number: (229) 995-4476 Date completed: October 2009

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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

should be reported to the Department of Community Affairs.					
COUNTY:TERRELL	Service: Social Services				
Check the box that best describes the agreed upor	n 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.): Terrell 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.): Type Name of Government, Authority or Organization Here					
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: Type Name of Government, Authority or Organization Here					
☐ 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.): Type Name of Government, Authority or Organization Here					
Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here					
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

Local Government or Authority	Funding N	lethod
Terrell County	General Funds/State Funds	
Llaureill the stretcer change the pro-	in a green company for providing and/or fundi	and this complete within the country?
now will the strategy change the prev	rious arrangements for providing and/or fundir	ng this service within the county?
No Changes		
List and formal and in the Holman		II le a come al de Camala de la dile e admedia de Ca
this service:	ments or intergovernmental contracts that wil	ii be used to implement the strategy ic
tillo oci vice.		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will be	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be		vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this serv fee changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will bacts of the General Assembly, rate or None Person completing form: Beth Parna	be used to implement the strategy for this serv fee changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, local
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: Beth Parna	be used to implement the strategy for this serv fee changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: Beth Parna Phone number: (229) 995-4476	cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating whe	vice (e.g., ordinances, resolutions, locaffect?







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

should be reported to the Department of Community Affairs.						
COUNTY:TERRELL	Service: Solid Waste Management					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,					
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.): Type Name of Government, Authority or Organization Here						
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here					
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sser and Dawson contracted with TransWaste					
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of					
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)					
⊠No						
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).					

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

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	
Terrell County	User Fees/Insurance Premium Tax	
Dawson	User Fees/User Fees	
Bronwood	User Fees/User Fees	
Parrott	User Fees/User Fees	
Sasser	User Fees/User Fees	

Sasser		User Fees/User Fees	
4. How will the strategy change t	the prev	ious arrangements for providing and/or funding this	service within the county?
New provider for solid waste co	ollection	is TransWaste	
5. List any formal service deliver this service:	y agreer	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Solid Waste Disposal	•	County Solid Waste Authority. Terrell County	1/1/1996-1/1/2021
Solid Waste collection	Trans	Waste/Terrell County	Current-Ongoing
		e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Beth Phone number: (229) 995-447	Parnac	cott, County Clerk Date completed: October 2009	
		acted by state agencies when evaluating whether per delivery strategy? \square Yes \square No	roposed local government
If not, provide designated cont		on(s) and phone number(s) below: ONE HERE	







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

should be reported to the Department of Community Affairs.							
COUNTY:TERRELL	Service: Utilities (Gas)						
Check the box that best describes the agreed upor	n delivery arrangement for this service:						
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,						
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.): Type Name of Government, Authority or Organization Here							
☑One or more cities will provide this service only within their incorporated boundaries, and the service will not be provide in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service City of Dawson							
service in unincorporated areas. (If this box is chec	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the ervice in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the ervice.): Type Name of Government, Authority or Organization Here						
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of						
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service						
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)						
⊠No							
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).						

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

Funding Me	thod
Gas Budget	
i	this consists within the country?
lous arrangements for providing and/or funding	this service within the county?
ments or intergovernmental contracts that will b	e used to implement the strategy
Contracting Parties	Effective and Ending Dat
y	3
e used to implement the strategy for this servic	
e used to implement the strategy for this servic fee changes, etc.), and when will they take effe	
fee changes, etc.), and when will they take effe	
fee changes, etc.), and when will they take effective cott, County Clerk Date completed: October 2009	ct?
fee changes, etc.), and when will they take effective cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating wheth	ct?
fee changes, etc.), and when will they take effective cott, County Clerk Date completed: October 2009	ct?
fee changes, etc.), and when will they take effective cott, County Clerk Date completed: October 2009 acted by state agencies when evaluating wheth	ct?
	Gas Budget ious arrangements for providing and/or funding ments or intergovernmental contracts that will be Contracting Parties







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

modia be reported to the Department of Community Affairs.	
COUNTY:TERRELL	Service: Water Supply/Distribution
Check the box that best describes the agreed upor	n delivery arrangement for this service:
☐ Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Dawson d map of service area. Services also provided by Bronwood, es.
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
□No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

Page 1 of 2

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

3	. List each government or aut	hority that will	help to pay for t	his service and in	dicate how the ser	vice will be funded (e.g	J.,
	enterprise funds, user fees, g	general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impac	t:
	fees, bonded indebtedness, o	etc.).				-	

Local Government or Authority	Funding Method			
Dawson	Enterprise Funds			
Bronwood	Enterprise Funds			
Parrott	Enterprise Funds			
Sasser	Enterprise Funds			
4. How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?		
Dawson extends services in certain a	reas outside their jurisdiction.			
this service:	ements or intergovernmental contracts that will be us			
Agreement Name	Contracting Parties	Effective and Ending Dates		
	be used to implement the strategy for this service (e.r fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local		
None				
None				
7. Person completing form: Beth Parn				
Phone number: (229) 995-4476	Date completed: October 2009			

If not, provide designated contact person(s) and phone number(s) below: $\begin{tabular}{ll} \bf TYPE\ CONTACT\ NAME,\ TITLE\ \&\ PHONE\ HERE \end{tabular}$







FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require 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:TERRELL	
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? Terrell County and the County's municipal government have reviewd the respective comin incompatibilities and/or conflicts and not major plan incompatibilities or conflicts were ide land use plans.	munities land use plans for
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,
	regulations, ordinances, etc. have not yet
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	will adopt them.
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? The County and its municipal governments have all jointly adopted a resprocess to insure that new extraterritorial water and sewer service extensions are consistent.	with all applicable land use plans solution which established a formal
4. Person completing form: Beth Parnacott, County Clerk	
Phone number: (229) 995-4476 Date completed: April 2014	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
TYPE CONTACT NAME, TITLE & PHONE HERE	







FORM 4: Certifications

Instructions:

This form 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 a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: TERRELL

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 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
TERRELL COUNTY	COUNTY COMMISSION CHAIRMAN	WILBUR T. GAMBLE		
CITY OF BRONWOOD	MAYOR	ELIJAH JORDAN		
CITY OF DAWSON	MAYOR	CHRIS WRIGHT		
CITY OF PARROTT	MAYOR	W.E.WADE, JR		
CITY OF SASSER	MAYOR	CHERRY HOWELL		







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

This form 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 a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: TERRELL

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 (20); and
- 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)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
TERRELL COUNTY	COUNTY COMMISSION CHAIRMAN	WILBUR T. GAMBLE	Willow Manking	7/2/14
CITY OF BRONWOOD	MAYOR	ELIJAH JORDAN ==	9 G	Q.10 111
CITY OF DAWSON	MAYOR	CHRIS WRIGHT	hustper	9-10-14
CITY OF PARROTT	MAYOR	W.E.WADE, JR	W.E. Waley	7/1/14
CITY OF SASSER	MAYOR	CHERRY HOWELL	Cherry on Howd	7-15-1



Service Delivery Strategy Map

