



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: POLK 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/or 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.)

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. 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.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 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).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> 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. <div data-bbox="824 1180 1528 1415" style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>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.</p> </div>

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 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.

Polk County	Polk County Water Authority	Cedartown Downtown Development Auth.
City of Cedartown	Development Authority of Polk County	
City of Rockmart	Cedartown Development Authority	
City of Aragon	Rockmart Development Authority	
City of Braswell	Cedartown Housing Authority	
City of Taylorsville	Rockmart Housing Authority	

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 will continue as previously agreed with no need for modification.

Airport
Ambulance Service
Cemetaries
Civic Arts
Code Enforcement
Community/Senior Centers
County Court System
County Tax Collection
Downtown Development
E-911
Emergency Management
Extension Services
Forrestry Services
General Elections
Industrial Development
Jail
Library
Mental Health
Municipal Court
Municipal Tax Collection
Parks
Public Health
Public Housing
Rescue Services
Road/Street Maintenance
Sewage System
Solid Waste Collection
Solid Waste Disposal
Street Lighting
Tax Assessors
Welfare/Social Services
Water System

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
Building Inspections
Fire Protection
Law Enforcement
Planning and Zoning
Polk County Drug Task Force
Recreation
Road Construction\Paving
Silver Comet Trail



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: *Animal Control*

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Polk 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, **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.): **Type Name of Government, Authority or Organization Here**

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**

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds, User Fees

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

Previously, this service was provided by the Cities of Cedartown and Rockmart. Now the County provides and funds this service countywide.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Currently, this service functions under a County Ordinance and Departmental Operating Procedures. While it is funded primarily by General Funds, Fees are charged for adoptions and other services. The County assumed full responsibility for this service in 2009.

7. Person completing form: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: *Building Inspections*

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.): **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.): **Polk County, City of Cedartown, City of Rockmart, City of Aragon, City of Braswell, City of Taylorsville does not provide this 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.): **Type Name of Government, Authority or Organization Here**

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds, User Fees
City of Cedartown	General Funds, User Fees
City of Rockmart	General Funds, User Fees
City of Aragon	General Funds, User Fees
City of Braswell	General Funds, User Fees

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

Since the last SDS revision, the City of Aragon now provides the service within their city limits.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Each entity operates under ordinances, building codes, and departmental operating procedures. Fees are charged for permitting and inspections.

7. Person completing form: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: Fire Protection

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **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.): **Polk County, City of Cedartown, City of Rockmart, City of Aragon (provided by Polk County VFD), City of Taylorsville (provided by Polk County VFD), City of Braswell (provided by Polk County VFD)**

- 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.): **Type Name of Government, Authority or Organization Here**

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**

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds
City of Cedartown	General Funds
City of Rockmart	General Funds
City of Taylorsville	Provided by Polk County VFD - General Funds
City of Braswell	Provided by Polk County VFD - General Funds
City of Aragon	Provided by Polk County VFD - General Funds

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

Since the last SDS revision, the City of Aragon no longer provides fire protection. The County Volunteer Fire Department responds to calls within the City of Aragon.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Each entity operates under ordinances, and departmental operating procedures. During the SDA discussions between the County and the cities, it was agreed to continue exploring opportunities and possibilities for combining some of these service agencies over the next ten years.

7. Person completing form: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: Law Enforcement

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **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.): **Polk County, City of Cedartown, City of Rockmart, City of Aragon, City of Braswell, City of Taylorsville (provided by Polk County)**

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

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds
City of Cedartown	General Funds
City of Rockmart	General Funds
City of Aragon	General Funds
City of Braswell	General Funds
City of Taylorsville	Provided by Polk County - General Funds

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

During the SDS discussions, the County and the Cities agreed to explore opportunities and possibilities for jointly combining some of the services provided by each agency (initially Criminal Investigations) and/or combining some of these service agencies over the next ten years.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

7. Person completing form: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: *Planning and Zoning*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **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.): **Polk County, City of Cedartown, City of Rockmart, City of Aragon, City of Braswell, City of Taylorsville - Volunter for Planning Purposes Only**

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.): **Type Name of Government, Authority or Organization Here**

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds, User Fees
City of Cedartown	General Funds, User Fees
City of Rockmart	General Funds, User Fees
City of Aragon	General Funds, User Fees
City of Taylorsville	Volunteer for Planning Purposes Only
City of Braswell	General Funds, User Fees

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

Since the last SDS revision, the City of Aragon now provides the service within their city limits. The Cities and County will explore ways to improve the zoning transitions between the incorporated and unincorporated parcels.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Each entity operates under ordinances, and departmental operating procedures. Fees are charged for various zoning related applications and/or services

7. Person completing form: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



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COUNTY: POLK COUNTY

Service: Polk County Drug Task Force

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

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

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.): **Type Name of Government, Authority or Organization Here**

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds
City of Cedartown	General Funds
City of Rockmart	General Funds

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

Since the last SDS update, the County and Cities listed hereon, agreed to enhance Law Enforcement within the County by creating a Joint Drug Task Force.

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
Intergovernmental Agreement	Polk County, Cedartown, Rockmart	12/31/13 - Until Terminated
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



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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: POLK COUNTY

Service: Recreation

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

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.): **Type Name of Government, Authority or Organization Here**

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Cedartown	General Funds, User Fees
Rockmart	General Funds, User Fees
Aragon	General Funds, User Fees

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

A separate service has now been created for the Silver Comet Trail. Each of the cities provide recreational facilities & opportunities for which County residents are allowed to participate. Other than the Silver Comet Trail, the County does not own or operate any other recreational facilities. The County has increased funding to the cities since the last SDS update for both operations and infrastructure.

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
LOST Intergov. Agreement	Polk County, Cedartown, Rockmart, Aragon	9/26/12 - 9/26/22
SPLOST Intergov. Agreement	Polk County, Cedartown, Rockmart, Aragon	7/1/14 - 6/30/20
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: Road Construction/Paving

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Polk 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.): **Polk County, Cedartown, Rockmart, Aragon, Taylorsville, Braswell**
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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**

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.

SDS FORM 2, continued

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>Local Government or Authority</i>	<i>Funding Method</i>
Polk County	General Funds, Grants
Cedartown	General Funds, Grants
Rockmart	General Funds, Grants
Aragon	General Funds, Grants
Taylorville	General Funds, Grants
Braswell	General Funds, Grants

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

Since the last SDS update, the County has agreed to provide the labor and equipment to complete paving projects within the cities, however the cities are responsible for providing the paving materials.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
LOST Intergov. Agreement	Polk County, Cedartown, Rockmart, Aragon	9/26/12 - 9/26/22
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

Service: Silver Comet Trail

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.): **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.): **Polk County, City of Cedartown, City of Rockmart**

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.): **Type Name of Government, Authority or Organization Here**

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

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.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Polk County	General Funds
City of Cedartown	General Funds
City of Rockmart	General Funds

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

Since the last SDS revision, operation and maintenance of the Silver Comet Trail has been assumed by each agency for the section of the trail that traverses through each agency's area of control, (ie.. the cities are responsible within their respective city limits and the county within the unincorporated areas of the county)

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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: **Matthew Denton - County Manager**
 Phone number: **770-749-2100** Date completed: December 1, 2016

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



SERVICE DELIVERY STRATEGY

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: POLK COUNTY

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
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 "other measures" was checked, describe these measures:
Describe "Other" Measures Here

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

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? Polk County and the Cities have signed a Resolution establishing a process for dispute resolution to follow in cases of dispute involving property annexation and land use. (Copy Attached)

4. Person completing form: **Matthew Denton - County Manager**

Phone number: **770-749-2100** Date completed: 12-1-2016

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 No

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

TYPE CONTACT NAME, TITLE & PHONE HERE

INTER-GOVERNMENTAL LAND-USE DISPUTE RESOLUTION AGREEMENT

GEORGIA,
POLK COUNTY.

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

W I T N E S S E T H:

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

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

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

1.

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

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

2.

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

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

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

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

3.

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

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

4.

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

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

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

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

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

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

5.

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

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

6.

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

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

7.

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

8.

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

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

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

POLK COUNTY, GEORGIA

BY: Billy Croker
Chairman Board of Commissioners

ATTEST: Jerry J. McDowell
Secretary

Signed, sealed and delivered in the presence of:

Dean O. Turner
Witness

[Signature]
Notary Public

CITY OF CEDARTOWN

BY: Bobby Alexander
Chairman, Cedartown City Commission

ATTEST: Emily Shaw
Clerk, Cedartown City Commission

Signed, sealed and delivered in the presence of:

Patti J. Powell
Witness

Judi H. Warner
Notary Public

NOTARY PUBLIC, POLK COUNTY, GA
MY COMMISSION EXPIRES JUNE 13, 2000
EXECUTED BEFORE ME
THIS 27th DAY OF May, 1998

CITY OF ROCKMART

BY: Steven B. Smith
Mayor

ATTEST: Kevin B. Butler
Clerk, City of Rockmart

Signed, sealed and delivered in the presence of:

Lisa Turner
Witness

Francis R. Long
Notary Public

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

CITY OF ARAGON

BY: Sandra Gayaway
Mayor

ATTEST: Helen A. [Signature]
Clerk, City of Aragon

Signed, sealed and delivered in the presence of:

Annette Bishop
Witness

Jerry Shaw
Notary Public

Notary Public, Polk County, Georgia
My Commission Expires Oct. 27, 2000



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

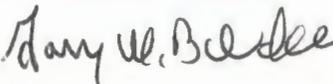
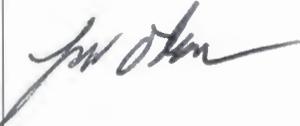
Instructions:

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: POLK COUNTY

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (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
<u>ARAGON</u>	MAYOR	GARRY W. BALDWIN		1-9-17
<u>CEDARTOWN</u>	CHAIRMAN	LARRY ODOM		1-7-2017
<u>POLK COUNTY</u>	CHAIRMAN	STEFANIE DRAKE BURFORD		12/6/16
<u>ROCKMART</u>	MAYOR	STEPHEN A. MILLER		1/9/17

STATE OF GEORGIA
COUNTY OF POLK

RESOLUTION NO. 2016-08

A RESOLUTION OF THE GOVERNING AUTHORITY OF POLK COUNTY; TO RENEW THE SERVICE DELIVERY STRATEGY FOR POLK COUNTY, GEORGIA; TO AUTHORIZE THE CHAIRMAN OF EACH ENTITY TO PERFORM ANY ACTS NECESSARY TO ACCOMPLISH THE INTENT OF THIS RESOLUTION; TO PROVIDE AN EFFECTIVE DATE OF THIS RESOLUTION.

WHEREAS, O.C.G.A. § 36-70-1 *et seq.* requires counties and municipalities to adopt a local government Service Delivery Strategy; and,

WHEREAS, the County and Cities of Cedartown and Rockmart last approved a Service Delivery Strategy in October of 1999; and

WHEREAS, O.C.G.A. § 36-70-25 provides that approval of a Service Delivery Strategy shall be accomplished by adoption of a Resolution by at minimum:

1. The Polk County governing authority;
2. The county seat city governing authority;
3. All city governments within the County with a 2000 population over 9,000;
4. No less than 50% of all other cities with the County with a 2000 population between 500 and 9,000; and

WHEREAS, Polk County has met with the Cities of Cedartown and Rockmart to review and revise the previously adopted Service Delivery Strategy and now seeks to adopt the Service Delivery Strategy attached hereto; and

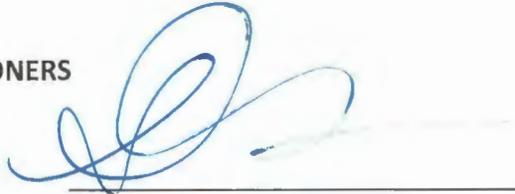
WHEREAS, a revised and adopted Service Delivery Strategy must be reviewed and verified by the Department of Community Affairs prior to February 28, 2017 in order for the County and the cities to remain eligible for state administered financial assistance, grants, loans, and permits as specified in O.C.G.A. § 36-70-27; and

NOW THEREFORE BE IT RESOLVED BY THE GOVERNING AUTHORITY OF POLK COUNTY AND IT IS HEREBY RESOLVED that the County adopts as its Service Delivery Strategy, the documents attached hereto and entitled as the "Service Delivery Strategy for Polk County". Such strategy shall be adopted on the date of its approval by Polk County and shall remain in force and effect until such date that it is again revised and adopted.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed.

Resolved, adopted and effective this 6th th day of December, 2016.

POLK COUNTY BOARD OF COMMISSIONERS



STEFANIE DRAKE BURFORD
CHAIRMAN

ATTEST:



DAWN TURNER, CLERK

APPROVED AS TO FORM:



BRAD J. MCFALL
COUNTY ATTORNEY

RESOLUTION NO. 2016-12

A RESOLUTION OF THE GOVERNING AUTHORITY OF THE CITY OF CEDARTOWN, GEORGIA; TO RENEW THE SERVICE DELIVERY STRATEGY FOR POLK COUNTY, GEORGIA; TO AUTHORIZE THE CHAIRMAN OF EACH ENTITY TO PERFORM ANY ACTS NECESSARY TO ACCOMPLISH THE INTENT OF THIS RESOLUTION; TO PROVIDE AN EFFECTIVE DATE OF THIS RESOLUTION.

WHEREAS, O.C.G.A. § 36-70-1 *et seq.* requires counties and municipalities to adopt a local government Service Delivery Strategy; and,

WHEREAS, the County and Cities of Cedartown and Rockmart last approved a Service Delivery Strategy in October of 1999; and

WHEREAS, O.C.G.A. § 36-70-25 provides that approval of a Service Delivery Strategy shall be accomplished by adoption of a Resolution by at minimum:

1. The Polk County governing authority;
2. The county seat city governing authority;
3. All city governments within the County with a 2000 population over 9,000;
4. No less than 50% of all other cities with the County with a 2000 population between 500 and 9,000; and

WHEREAS, The City of Cedartown has met with the Polk County and the City of Rockmart to review and revise the previously adopted Service Delivery Strategy and now seeks to adopt the Service Delivery Strategy attached hereto; and

WHEREAS, a revised and adopted Service Delivery Strategy must be reviewed and verified by the Department of Community Affairs prior to February 28, 2017 in order for the County and the cities to remain eligible for state administered financial assistance, grants, loans, and permits as specified in O.C.G.A. § 36-70-27; and

NOW THEREFORE BE IT RESOLVED BY THE GOVERNING AUTHORITY OF THE CITY OF CEDARTOWN AND IT IS HEREBY RESOLVED that the City adopts as its Service Delivery Strategy, the documents attached hereto and entitled as the "Service Delivery Strategy for Polk County". Such strategy shall be adopted on the date of its approval by Polk County and shall remain in force and effect until such date that it is again revised and adopted.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed.

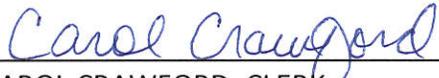
Resolved, adopted and effective this 12 th day of December 2016.

CITY OF CEDARTOWN BOARD OF COMMISSIONERS



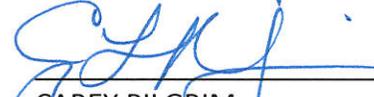
LARRY ODOM
CHAIRMAN

ATTEST:



CAROL CRAWFORD, CLERK

APPROVED AS TO FORM:



CAREY PILGRIM
CITY ATTORNEY

STATE OF GEORGIA
COUNTY OF POLK

RESOLUTION NO. 2016R-12

A RESOLUTION OF THE GOVERNING AUTHORITY OF THE CITY OF ROCKMART; TO RENEW THE SERVICE DELIVERY STRATEGY FOR POLK COUNTY, GEORGIA; TO AUTHORIZE THE CHAIRMAN OF EACH ENTITY TO PERFORM ANY ACTS NECESSARY TO ACCOMPLISH THE INTENT OF THIS RESOLUTION; TO PROVIDE AN EFFECTIVE DATE OF THIS RESOLUTION.

WHEREAS, O.C.G.A. § 36-70-1 *et seq.* requires counties and municipalities to adopt a local government Service Delivery Strategy; and,

WHEREAS, the County and Cities of Cedartown and Rockmart last approved a Service Delivery Strategy in October of 1999; and

WHEREAS, O.C.G.A. § 36-70-25 provides that approval of a Service Delivery Strategy shall be accomplished by adoption of a Resolution by at minimum:

1. The Polk County governing authority;
2. The county seat city governing authority;
3. All city governments within the County with a 2000 population over 9,000;
4. No less than 50% of all other cities with the County with a 2000 population between 500 and 9,000; and

WHEREAS, Polk County has met with the Cities of Cedartown and Rockmart to review and revise the previously adopted Service Delivery Strategy and now seeks to adopt the Service Delivery Strategy attached hereto; and

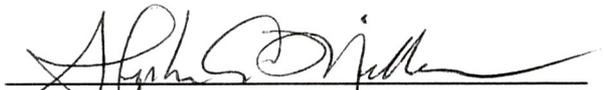
WHEREAS, a revised and adopted Service Delivery Strategy must be reviewed and verified by the Department of Community Affairs prior to February 28, 2017 in order for the County and the cities to remain eligible for state administered financial assistance, grants, loans, and permits as specified in O.C.G.A. § 36-70-27; and

NOW THEREFORE BE IT RESOLVED BY THE GOVERNING AUTHORITY OF THE CITY OF ROCKMART AND IT IS HEREBY RESOLVED that the City adopts as its Service Delivery Strategy, the documents attached hereto and entitled as the "Service Delivery Strategy for Polk County". Such strategy shall be adopted on the date of its approval by the City of Rockmart and shall remain in force and effect until such date that it is again revised and adopted.

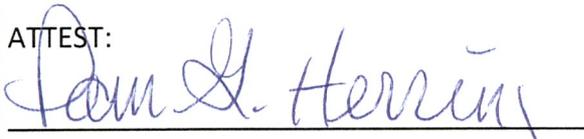
BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed.

Resolved, adopted and effective this 13th day of December, 2016.

CITY OF ROCKMART


STEPHEN A. MILLER, MAYOR

ATTEST:


PAM G. HERRING, CITY CLERK

RESOLUTION NO. 2016-01

A RESOLUTION OF THE CITY OF ARAGON; TO RENEW THE SERVICE DELIVERY STRATEGY FOR THE CITY OF ARAGON, GEORGIA; TO AUTHORIZE THE CHAIRMAN OF EACH ENTITY TO PERFORM ANY ACTS NECESSARY TO ACCOMPLISH THE INTENT OF THIS RESOLUTION; TO PROVIDE AN EFFECTIVE DATE OF THIS RESOLUTION.

WHEREAS, O.C.G.A. § 36-70-1 *et seq.* requires counties and municipalities to adopt a local government Service Delivery Strategy; and,

WHEREAS, the County and City of Aragon last approved a Service Delivery Strategy in October of 1999; and

WHEREAS, O.C.G.A. § 36-70-25 provides that approval of a Service Delivery Strategy shall be accomplished by adoption of a Resolution by at minimum:

1. The Polk County governing authority;
 2. The county seat city governing authority;
 3. All city governments within the County with a 2000 population over 9,000;
 4. No less than 50% of all other cities with the County with a 2000 population between 500 and 9,000;
- and

WHEREAS, Polk County has met with the City of Aragon to review and revise the previously adopted Service Delivery Strategy and now seeks to adopt the Service Delivery Strategy attached hereto; and

WHEREAS, a revised and adopted Service Delivery Strategy must be reviewed and verified by the Department of Community Affairs prior to February 28, 2017 in order for the County and the cities to remain eligible for state administered financial assistance, grants, loans, and permits as specified in O.C.G.A. § 36-70-27; and

NOW THEREFORE BE IT RESOLVED BY THE CITY OF ARAGON AND IT IS HEREBY RESOLVED that the City adopts as its Service Delivery Strategy, the documents attached hereto and entitled as the "Service Delivery Strategy for the City of Aragon". Such strategy shall be adopted on the date of its approval by the City and shall remain in force and effect until such date that it is again revised and adopted.

BE IT FURTHER RESOLVED that any and all resolutions or any part thereof in conflict with this resolution are hereby repealed.

Adopted and effective this 15 th day of Dec., 2016.

COUNCIL:


GARRY BALDWIN, MAYOR

APPROVED AS TO FORM:


ZACHARY J. BURKHALTER; CITY ATTORNEY


SANDY NORMAN, CITY CLERK

