





COUNTY: TERRELL COUNTY

I. GENERAL INSTRUCTIONS:

- 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.
- 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
 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 Summary of Service Delivery Arrangements form (FORM 2). 6. Complete one copy of the Certifications 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).] 	 In Section IV type, "NONE." 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).] Proceed to step 7, below. 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 Parrott
TransWaste Services

City of Bronwood

City of Sasser

Terrell County Chamber of Commerce

City of Dawson

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.

Airport

Animal Contol

Building Inspection

Cemetery

Courts (except Municipal Court)

County Correctional Institute

Econ Dev. (Terrell Chamber of Commerce)

Emergency Management Services

Fire Protection

Jail

Law Enforcement

Library

Parks & Recreation

Planning/Zoning

Public Works

Utilities: Gas

Sewage Collection/Disposal

Solid Waste Management

Water Supply/Distribution

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.

Services being revised:

Public Health

Road/Bridges Const./Maint.

Social Services

Services being Added:

Street/Storm Drainage Improvements







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:Public Health Services		
Check the box that best describes the agreed upon	n delivery arrangement for this service:		
⊠ Service will be provided countywide (i.e., including this box is checked, identify the government, authority). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.e., including the provided countywide). ■ Service will be provided countywide (i.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Terrell County		
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):		
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):		
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expensed.	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.		
	Page 1 of 2		

SDS FORM 2, continued			
 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 Author	ity Funding Me	ethod	
Terrell County	General Funds/State Funds/Grant Funds		
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?	
Update Funding Method.			
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	
	Contracting Parties		
Agreement Name 6. What other mechanisms (if any)	Contracting Parties Contracting Parties will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	Effective and Ending Dates ice (e.g., ordinances, resolutions, local	
Agreement Name 6. What other mechanisms (if any)	will be used to implement the strategy for this servi	Effective and Ending Dates ice (e.g., ordinances, resolutions, local	
6. What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	Effective and Ending Dates ice (e.g., ordinances, resolutions, local	

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service if Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TERRELL	Service:Roads/Bridges Construction and Maintenance
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service only value in unincorporated areas. (If this box is check service.): Terrell County, Bronwood, Parrott,Sas	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ser and Dawson
Other (If this box is checked, attach a legible midentify 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.):
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	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. foverlapping service areas or competition cannot be e	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 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.
	Page 1 of 2

SD:	5 FO	RM	2.	con	tinu	ed

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/Grant Funds
Dawson	General Funds/Grant Funds
Bronwood	General Funds/Grant Funds
Parrott	General Funds/Grant Funds
Sasser	General Funds/Grant Funds

Sasser	General Funds/Grant Funds	
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
Update Funding Method.		
this service:	greements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	
None		
7. Person completing form: Charlet Phone number: (229) 995-4476	ne Farmer, Interim County Clerk Date completed: March 2019	
	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:TERRELL	Service:Social Services			
Check the box that best describes the agreed upon	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.):				
	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			
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.):				
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 documentation as described, below)				
⊠No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (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, <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.				
Page 1 of 2				

SDS FORM 2, continued					
 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 Authorit	y Funding M	lethod			
Terrell County	General Funds/State Funds/Grant Funds				
•					
7					
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?			
Update Funding Method	Update Funding Method				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name	Contracting Parties	Effective and Ending Dates			
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			
6. What other mechanisms (if any) v	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) v	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) vacts of the General Assembly, rate None 7. Person completing form: Charlen Phone number: (229) 995-4476	will be used to implement the strategy for this sends or fee changes, etc.), and when will they take e e Farmer, Interim County Clerk Date completed: March 2019	vice (e.g., ordinances, resolutions, local ffect?			
6. What other mechanisms (if any) vacts of the General Assembly, rate None 7. Person completing form: Charlen Phone number: (229) 995-4476 8. Is this the person who should be	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local ffect?			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:TERRELL	Service:Street/Storm Drainage Improvements
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is anization providing the service.):
⊠One or more cities will provide this service only will in unincorporated areas. (If this box is checked, identity of Bronwood)	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only values in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.): Street
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	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the condition 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 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.
	Page 1 of 2

SDS FORM 2, continued	
3. List each government or authority that will help to pay for this service and indicate how the se enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes fees, bonded indebtedness, etc.).	

Local Government or Author	rity	Funding Method	
City of Bronwood		Grant Funds/General Funds	
i i			
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding this	service within the county?
Street/Storm Drainage Improvem	nents is	a new service and will be funded through grant awa	ards.
5. List any formal service delivery this service:	agreem	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
1			
,			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
4			
7. Person completing form: Charle Phone number: (229) 995-4476		rmer, Interim County Clerk Date completed: March 2019	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether pr delivery strategy? ⊠Yes ⊡No	oposed local government
If not provide decimated sents	ot nosca	on(a) and phone number(a) below:	
TYPE CONTACT NAME, TITLE		on(s) and phone number(s) below: ONE HERE	







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 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));
- 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	Willew 2. Bolle	3-12-19
CITY OF BRONWOOD	MAYOR	ELIJAH JORDAN		
CITY OF DAWSON	MAYOR	ADA MCINTYRE		
CITY OF PARROTT	MAYOR	W.E.WADE, JR		
CITY OF SASSER	MAYOR	JAN JONES		







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 9,060 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 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);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 38-70-24 (1));
- 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	TOTAL CONTRACTOR	NAME	SIGNATURE	DATE
TERRELL COUNTY	COUNTY COMMISSION CHAIRMAN	WILBUR T. GAMBLE		
			0	03/1.4
CITY OF BRONWOOD	MAYOR	ELIJAH JORDAN	2-26	
CITY OF DAWSON	MAYOR	ADA MCINTYRE		
CITY OF PARROTT	MAYOR	W.E.WADE, JR		
CITY OF SASSER	MAYOR	JAN JONES		
			<u> </u>	







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

COUNTY: TERRELL

- 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);
- 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)):
- 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 CITY OF DAWSON CITY OF PARROTT CITY OF SASSER	MAYOR MAYOR MAYOR MAYOR	ELIJAH JORDAN ADA MCINTYRE W.E.WADE, JR JAN JONES	ada MElntyre	3 12 19







FORM 4: Certifications

Instructions:

This form must, et 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 8,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to start this form that are appeared to do not 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:

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);

Our service delivery strategy promotes the delivery of local government services in the most efficient,

2. effective, and responsive manner (O.C.G.A. 36-70-24 (1));

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 3. charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24

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 4. 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)).

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TERRELL COUNTY	COUNTY COMMISSION CHAIRMAN	WILBUR T. GAMBLE			
CITY OF BRONWOOD CITY OF DAWSON CITY OF PARROTT CITY OF SASSER	MAYOR MAYOR MAYOR MAYOR	ELIJAH JORDAN ADA MCINTYRE W.E.WADE, JR JAN JONES	W. E. Waseh	3/13/	/19







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 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):
- 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));
- 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		
CITY OF BRONWOOD	MAYOR	ELIJAH JORDAN		
CITY OF DAWSON	MAYOR	ADA MCINTYRE		Ì
CITY OF PARROTT	MAYOR	W E WADE JR		13 16
CITY OF SASSER	MAYOR	JAN JONES	Jan Jones	5-14-17
		9	1	