



**SERVICE DELIVERY STRATEGY**

**FORM 1**

COUNTY: **WARREN COUNTY**

**I. GENERAL INSTRUCTIONS:**

1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

<b>OPTION A</b> <i>Revising or Adding to the SDS</i>	<b>OPTION B</b> <i>Extending the Existing SDS</i>
<ol style="list-style-type: none"> <li>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.)</li> <li>5. For <b>each</b> service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).</li> <li>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).]</li> </ol>	<ol style="list-style-type: none"> <li>4. In Section IV type, "NONE."</li> <li>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).]</li> <li>6. Proceed to step 7, below.</li> </ol> <div style="background-color: #000080; color: white; padding: 10px; margin-top: 10px; text-align: center;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at <a href="http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp" style="color: white;">http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp</a>, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></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 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.

- Warren County
- City of Camak
- City of Norwood
- City of Warrenton

**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.

- Cemeteries
- Clerk of Court
- Code Enforcement
- Coroner
- DFCS
- Dispatch
- Emergency Management
- EMS
- Exention Services
- Fire Service
- Georgia Forestry
- Indigent Defense
- Inert Landfill
- Jail (Prisoner Cost)
- Library
- Landfill
- Law Enforcement
- Magistrate Court
- Municipal Court
- Nutrition Program
- Probate Court
- Public Health Service
- Public Transportation
- Public Works
- Regional Commission
- Rescue
- Road/Street Maintenance
- Senior Citizens
- Social Services
- Solid Waste Collection
- Solid Waste Disposal
- Street Lights
- Superior Courts
- Tax Assessor
- Tax Collection
- Traffic Lights
- Voter Registration
- Yard Waste Collection
- Zoning Administration

**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.

Economic Development  
Flood and Drainage  
Parking Facilities  
Parks and Recreation  
Sewer  
Sidewalk Maintenance  
Water  
Housing Revitalization



**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 IV. 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: WARREN**

**Service: *ECONOMIC DEVELOPMENT***

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

- a.)  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.):
  
- b.)  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.):
  
- c.)  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):
  
- d.)  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.): **City of Warrenton and Warren County**
  
- e.)  Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
  
- No**

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>
Warren County	General Fund, SPLOST, State and/or Federal grants if available
Development Authority of Warren Co.	General Fund, SPLOST, State and/or Federal grants if available
City of Warrenton	General Fund, State and/or Federal grants if available
Downtown Development Authority of the City of Warrenton	General Fund, State and/or Federal grants if available

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

Update of authorities and funding sources

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>
n/a		

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: **John R. Graham, Chairman**  
 Phone number: **706-465-2171**      Date completed: April 30, 2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**



**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: WARREN COUNTY**

**Service: FLOOD AND DRAINAGE**

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

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Warrenton, City of Norwood, City of Camak and Warren County.**

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

2. In developing 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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
City of Warrenton	General Funds and State and/or Federal grants if available
City of Camak	General Funds and State and/or Federal grants if available
City of Norwood	General Funds and State and/or Federal grants if available
Warren County	General Funds and State and/or Federal grants if available

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

This service is now being provided by all jurisdictions; funding sources updated

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
n/a		

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: **Regina Pyles, Director of Planning, CSRA RC**  
 Phone number: **(706) 651-7304**      Date completed: 01/31/2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**PAMELA MCCORD, CITY CLERK, CITY NORWOOD; (706) 465-9675**  
**JAMIE SIKES, MAYOR, CITY OF CAMAK; (706) 465-3282**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**



**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: WARREN COUNTY**

**Service: HOUSING REVITALIZATION**

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

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

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

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

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

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

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
City of Warrenton	State and/or Federal grants if available

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

This service is being added.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
n/a		

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: **Regina Pyles, Director of Planning, CSRA-RC**  
 Phone number: **(706) 651-7304**      Date completed: 1/31/2019

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:  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**



**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: WARREN COUNTY**

**Service: *Parking Facilities***

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

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

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

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

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

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

2. In developing 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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Warren County	General Funds, State and/or Federal grants if available
City of Warrenton	General Funds, State and/or Federal grants if available
City of Camak	General Funds, State and/or Federal grants if available

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

This service is now also provided by the cities of Warrenton and Camak; fund sources updated.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
n/a		

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: **Regina Pyles, Director of Planning, CSRA RC**  
 Phone number: **(706) 651-7304**      Date completed: 01/31/2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR OF WARRENTON; (706) 465-3282**  
**JAMIE SIKES, MAYOR OF CAMAK; 706-465-3282**



**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: WARREN COUNTY**

**Service: Parks and 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.):

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **City of Warrenton, City of Norwood, City of Camak and Warren County**

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

2. In developing 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>
City of Warrenton	General Funds, State and/or Federal grants if available
City of Camak	General Funds, State and/or Federal grants if available
City of Norwood	General Funds, State and/or Federal grants if available
Warren County	General Funds, State and/or Federal grants if available

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

This service is now provided by all jurisdictions; fund sources updated

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>
n/a		

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: **Regina Pyles, Planning Director, CSRA-RC**  
 Phone number: **(706) 651-7304**      Date completed: 01/31/2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR OF WARRENTON; (706) 465-3282**  
**PAMELA MCCORD, CITY CLERK, CITY NORWOOD; (706) 465-9675**  
**JAMIE SIKES, MAYOR, CITY OF CAMAK; (706) 465-3282**



**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: WARREN COUNTY**

**Service:SEWER**

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

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

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

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

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

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

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Warren County	User Fees, State and/or Federal grants if available
City of Camak	User Fees, State and/or Federal grants if available
City of Norwood	User Fees, State and/or Federal grants if available
City of Warrenton	User Fees, State and/or Federal grants if available

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

Defined service area maps for all jurisdictions have been included; fund sources updated

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
n/a		

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

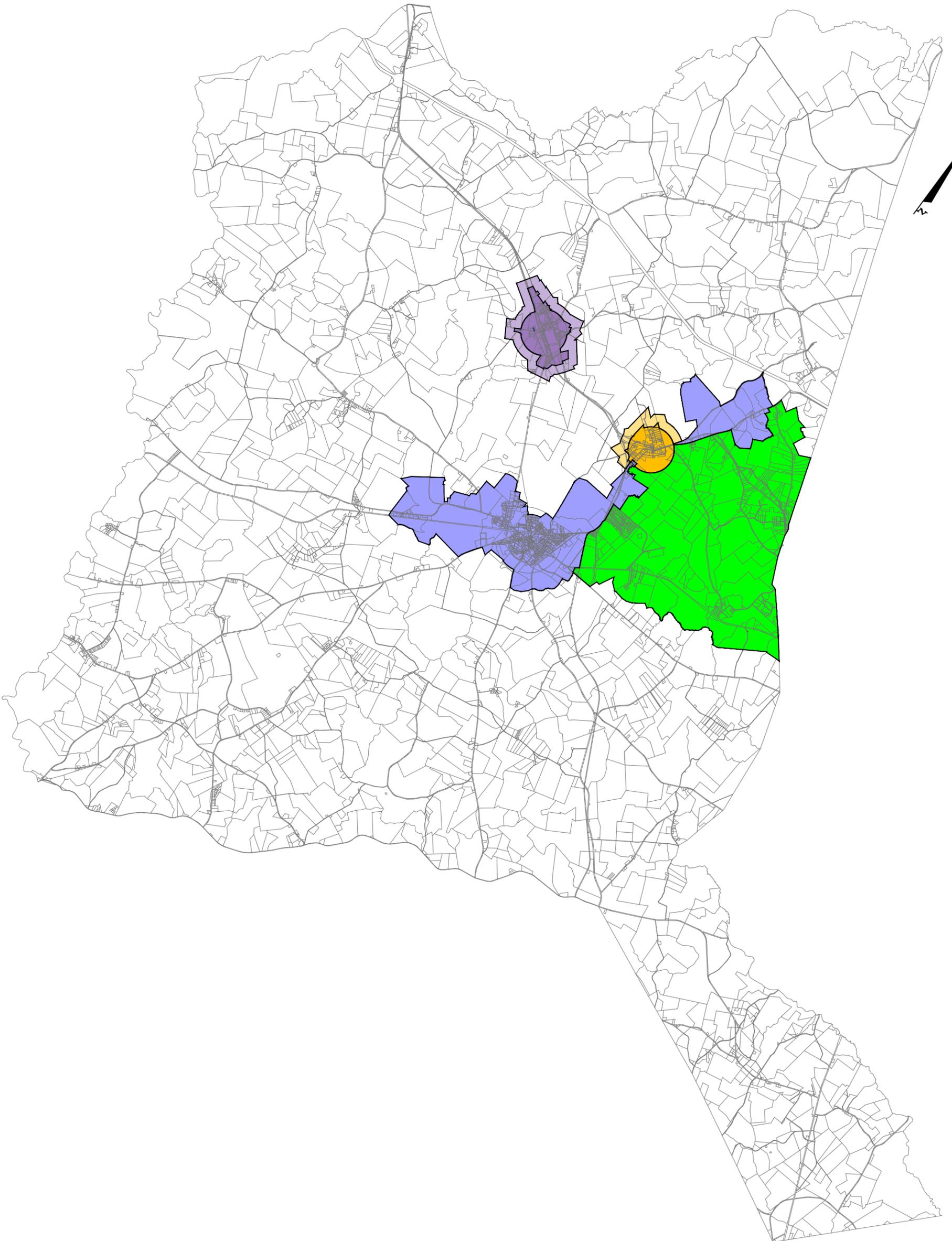
7. Person completing form: **Regina Pyles, Director of Planning, CSRA-RC**  
 Phone number: **(706) 651-7304**      Date completed: 1/31/2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**PAMELA MCCORD, CITY CLERK, CITY NORWOOD; (706) 465-9675**  
**JAMIE SIKES, MAYOR, CITY OF CAMAK; (706) 465-3282**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**

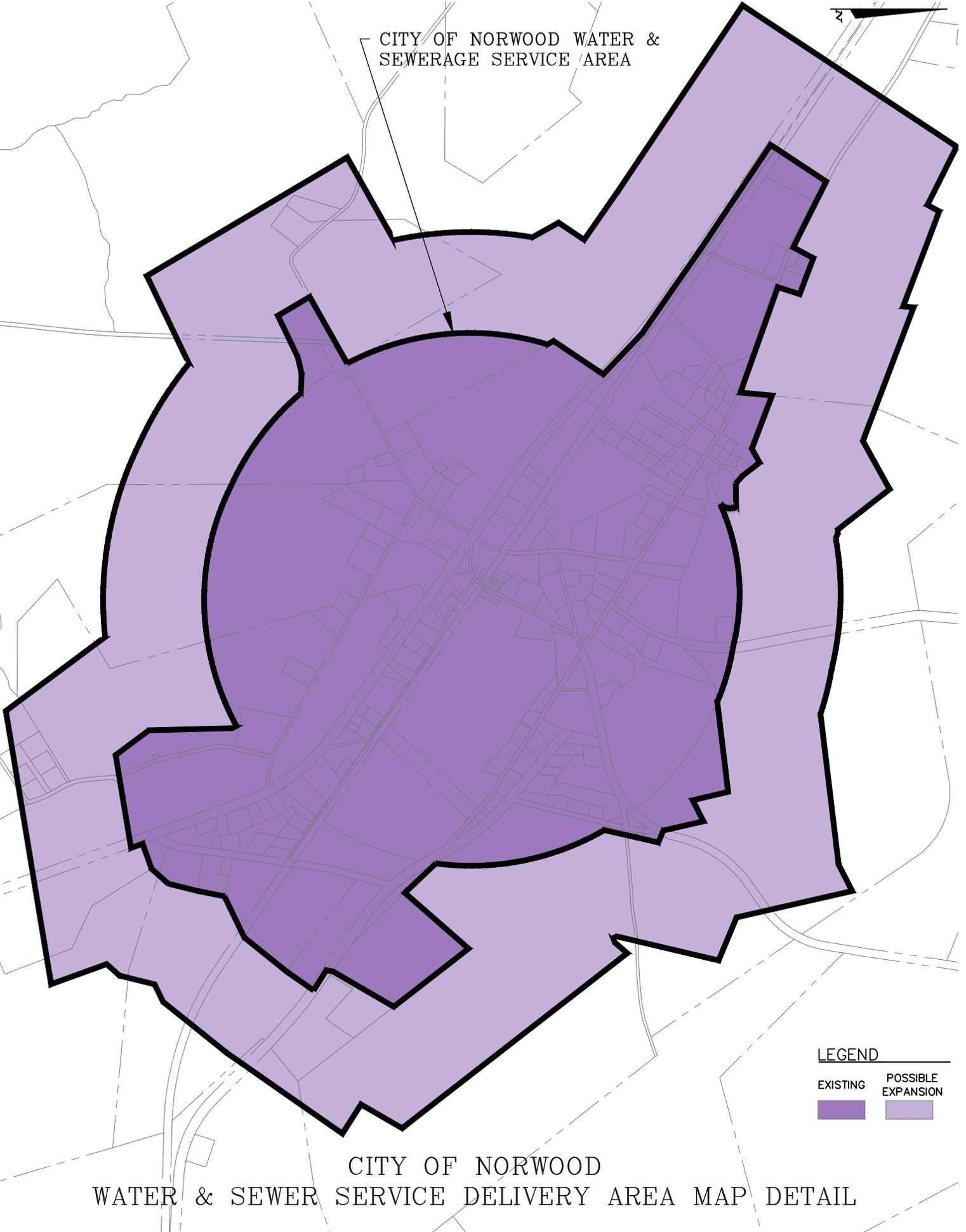
LEGEND

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		CITY OF NORWOOD
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON



WARREN COUNTY  
WATER & SEWER SERVICE DELIVERY AREA MAP

CITY OF NORWOOD WATER & SEWERAGE SERVICE AREA

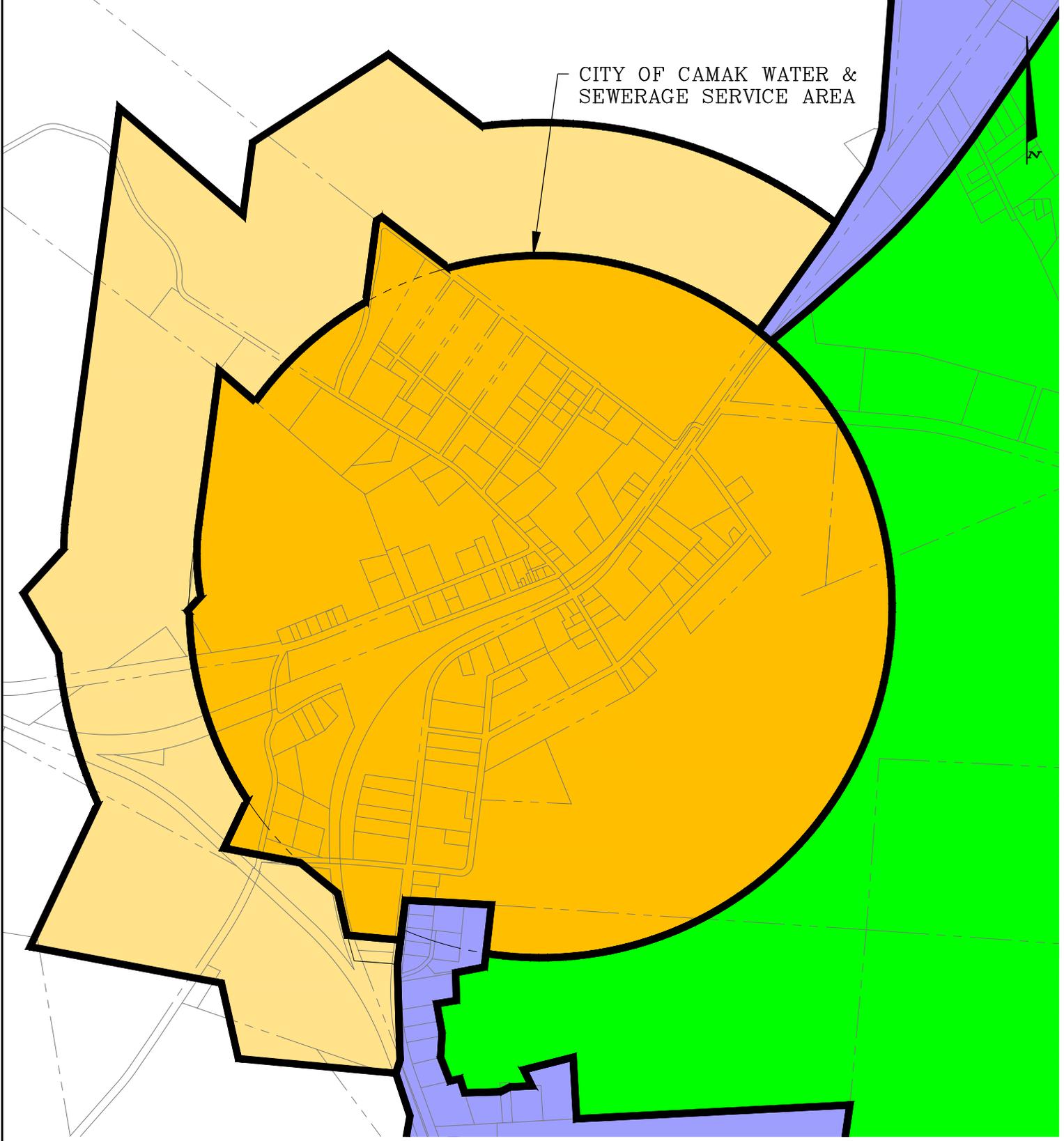


LEGEND

- EXISTING
- POSSIBLE EXPANSION

CITY OF NORWOOD  
WATER & SEWER SERVICE DELIVERY AREA MAP DETAIL

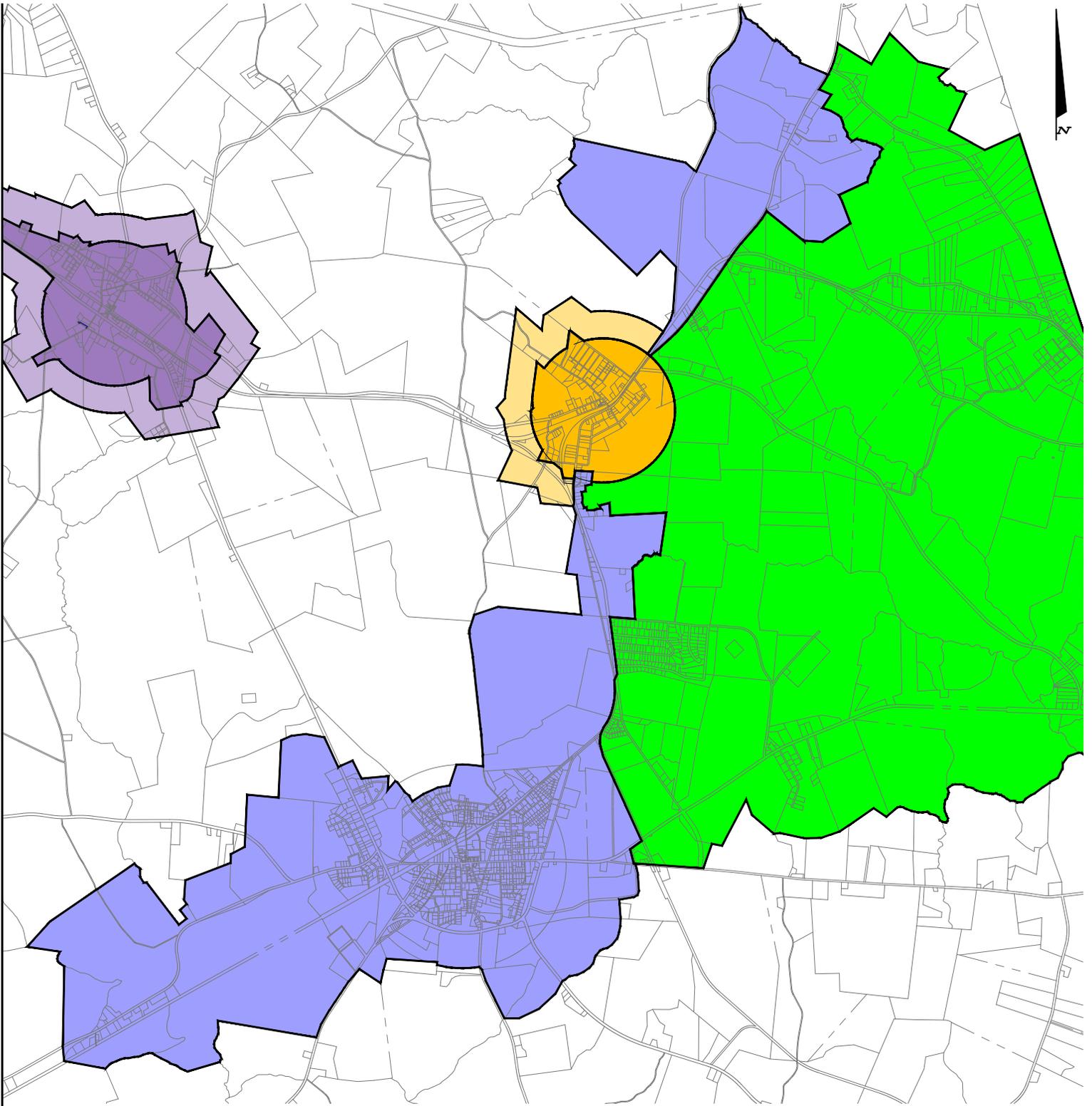
CITY OF CAMAK WATER & SEWERAGE SERVICE AREA



**LEGEND**

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON

CITY OF CAMAK  
WATER & SEWER SERVICE  
DELIVERY AREA MAP DETAIL



CITY OF WARRENTON  
 WATER & SEWER SERVICE  
 DELIVERY AREA MAP DETAIL

LEGEND

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		CITY OF NORWOOD
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON



**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: WARREN COUNTY**

**Service: SIDEWALK MAINTENANCE**

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

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

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

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

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

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

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

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>
City of Warrenton	General Funds, State and/or Federal grants if available
City of Camak	General Funds, State and/or Federal grants if available

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

This service is now also provided by the City of Camak; fund sources updated

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>
n/a		

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: **Regina Pyles, Director of Planning, CSRA-RC**  
 Phone number: **(706) 651-7304**      Date completed: 1/31/2019

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:  
**JAMIE SIKES, MAYOR, CITY OF CAMAK; (706) 465-3282**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**



**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: WARREN COUNTY**

**Service: WATER**

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

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

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

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

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

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

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>
Warren County	General Funds / User Fees, State and/or Federal grants if available
City of Camak	General Funds / User Fees, State and/or Federal grants if available
City of Norwood	General Funds / User Fees, State and/or Federal grants if available
City of Warrenton	General Funds / User Fees, State and/or Federal grants if available

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

Defined service area maps for all jurisdictions have been included; funding sources updated.

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>
Thomas-McDuffie-Warren Co.	Warren County, Thomson-McDuffie County	12/2009 - 12/2059

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

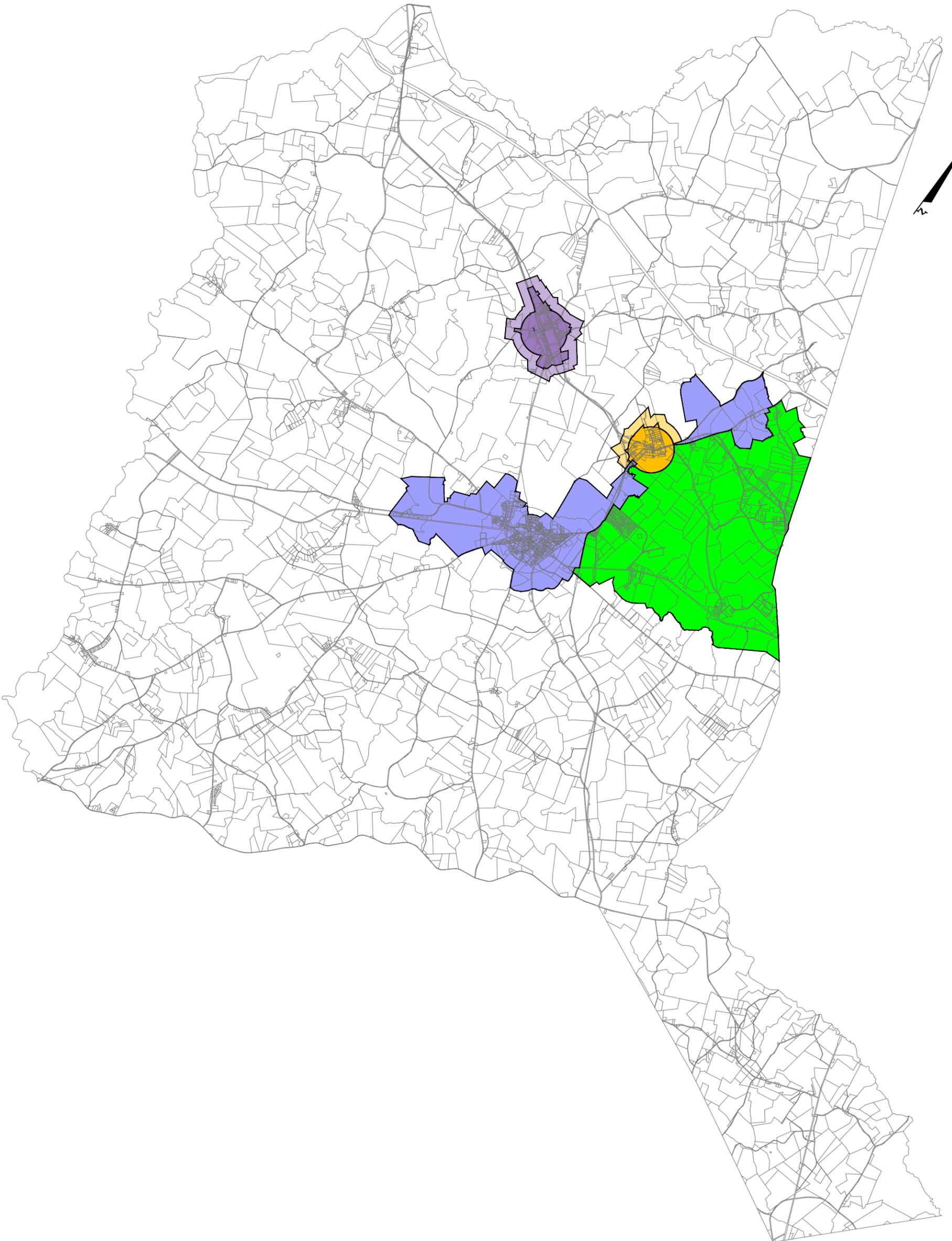
7. Person completing form: **Regina Pyles, Director of Planning, CSRA-RC**  
 Phone number: **(706) 651-7304**      Date completed: 1/31/2019

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:  
**JOHN GRAHAM, CHAIRMAN, WARREN COUNTY BOARD OF COMMISSIONERS; (706) 465-9604**  
**PAMELA MCCORD, CITY CLERK, CITY NORWOOD; (706) 465-9675**  
**JAMIE SIKES, MAYOR, CITY OF CAMAK; (706) 465-3282**  
**MARY ANN MOSELEY, CITY ADMINISTRATOR, CITY OF WARRENTON; (706) 465-3282**

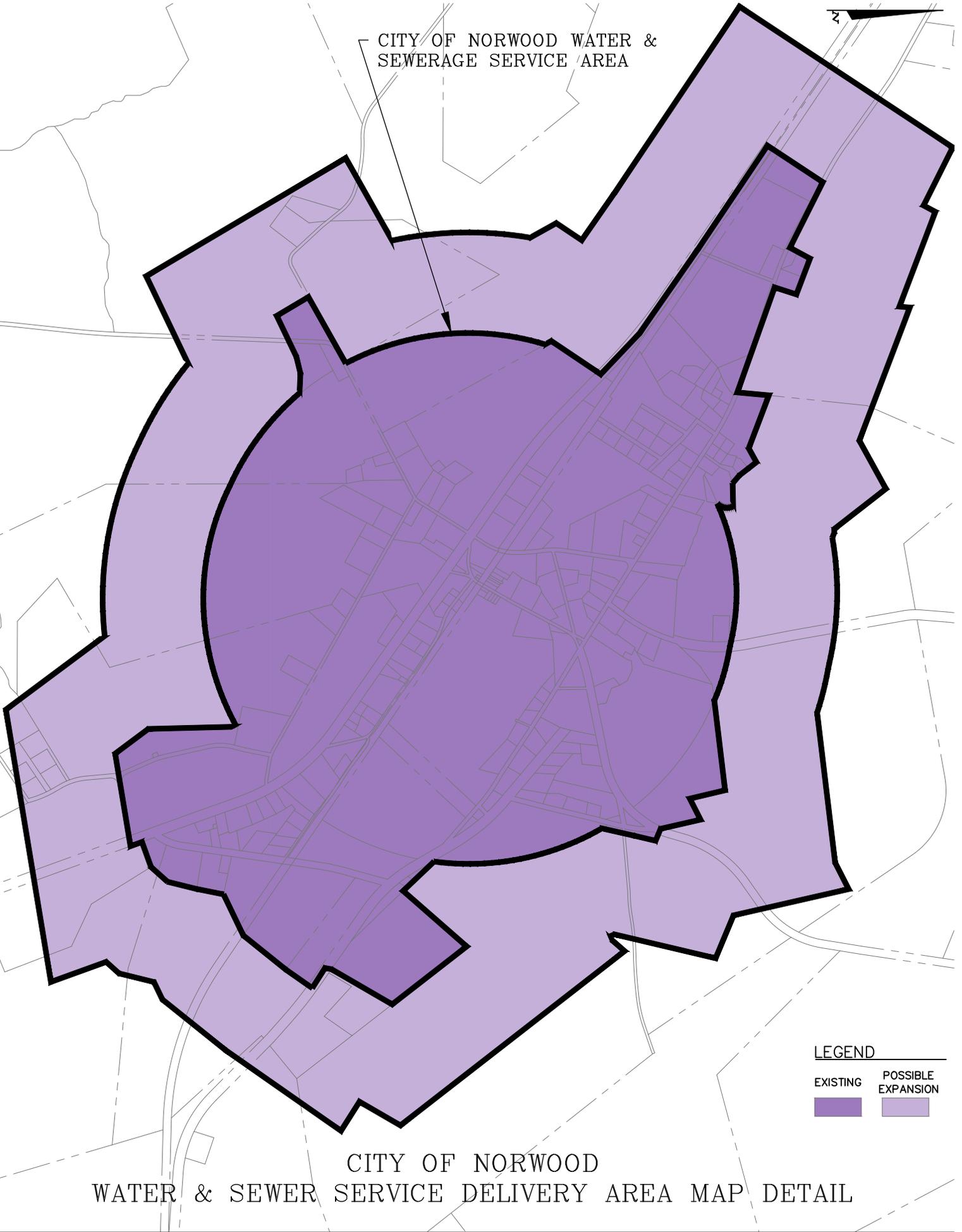
LEGEND

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		CITY OF NORWOOD
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON



WARREN COUNTY  
WATER & SEWER SERVICE DELIVERY AREA MAP

CITY OF NORWOOD WATER & SEWERAGE SERVICE AREA

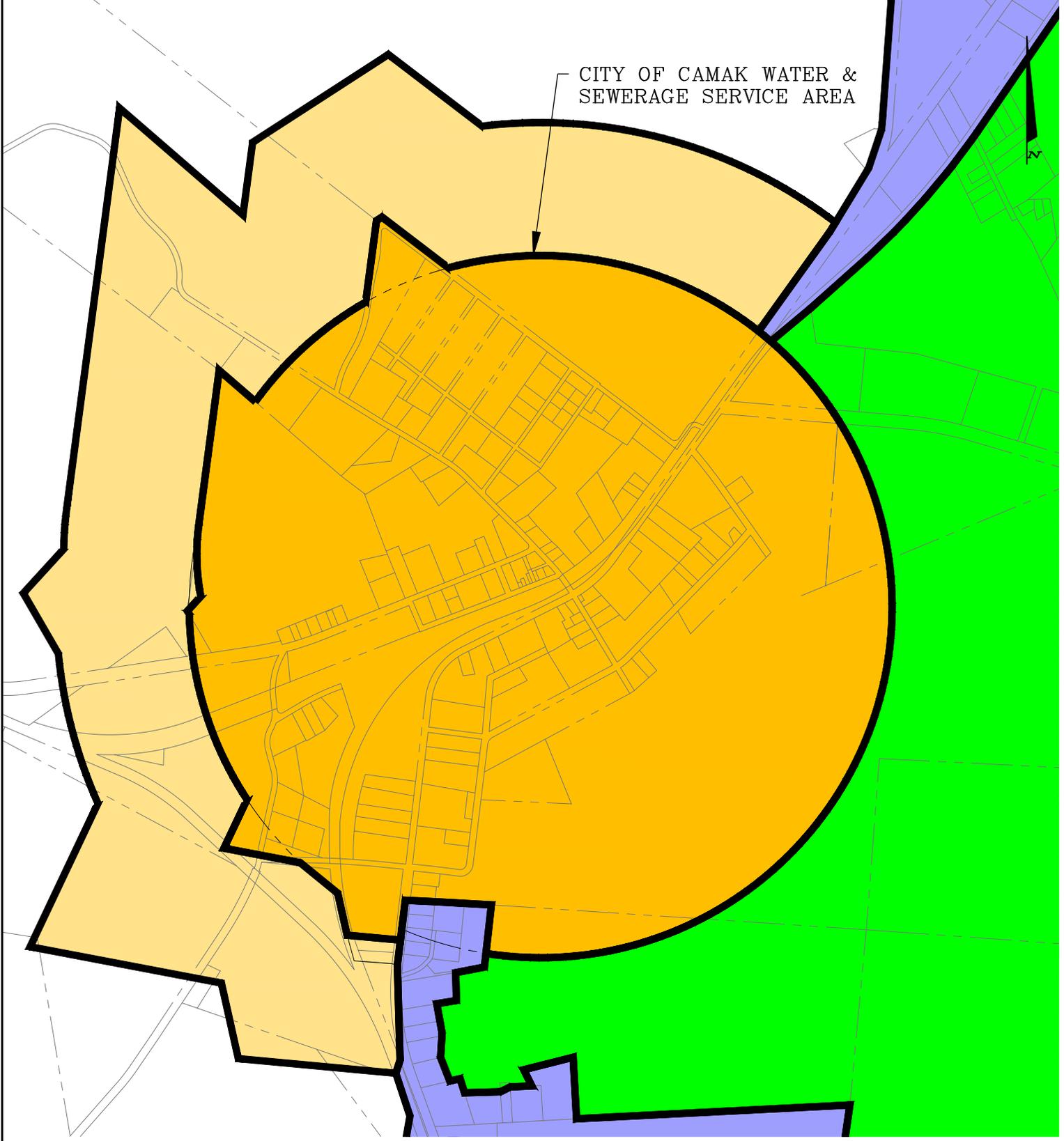


LEGEND

EXISTING	POSSIBLE EXPANSION
	

CITY OF NORWOOD  
WATER & SEWER SERVICE DELIVERY AREA MAP DETAIL

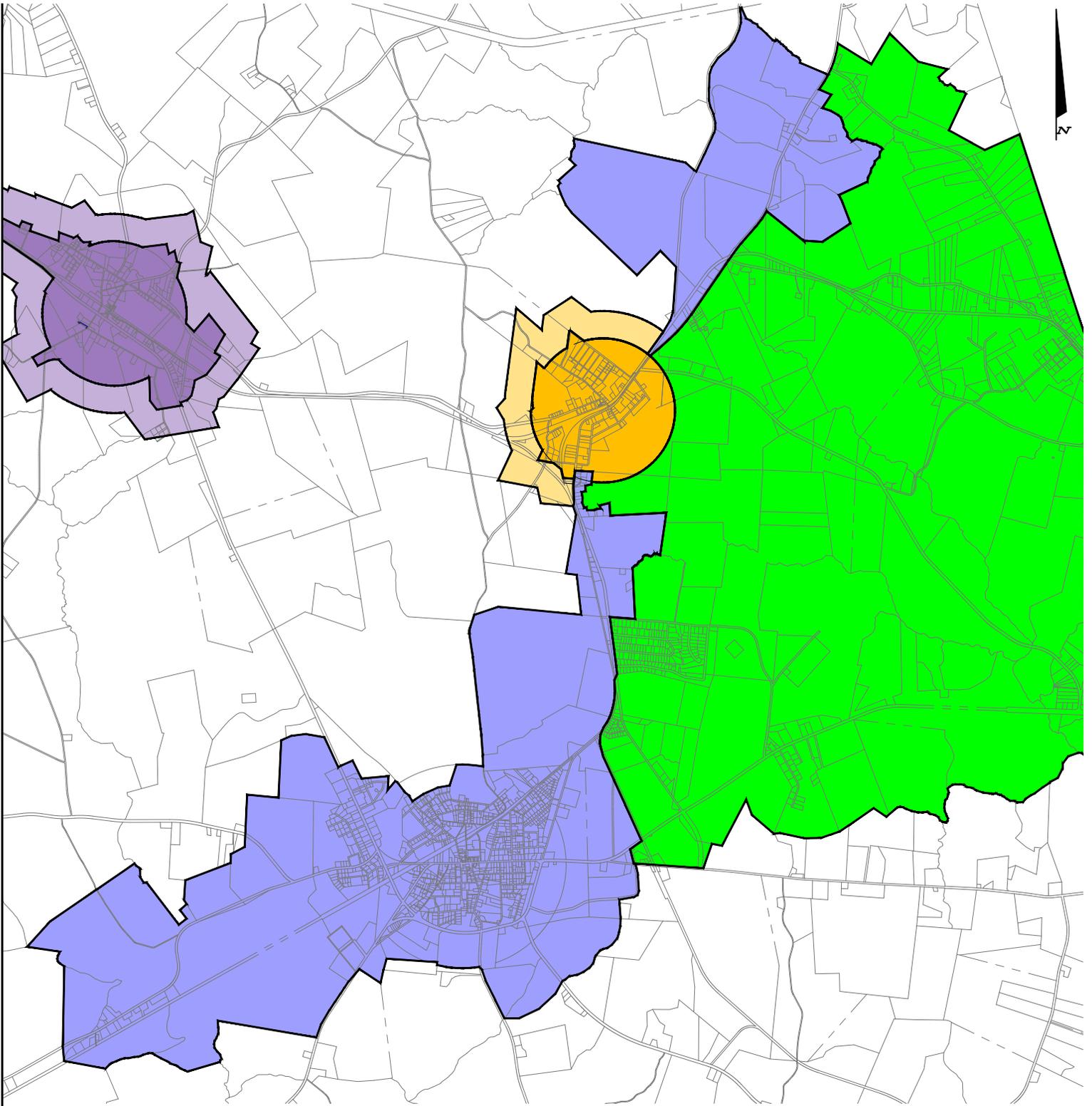
CITY OF CAMAK WATER & SEWERAGE SERVICE AREA



**LEGEND**

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON

CITY OF CAMAK  
WATER & SEWER SERVICE  
DELIVERY AREA MAP DETAIL



CITY OF WARRENTON  
 WATER & SEWER SERVICE  
 DELIVERY AREA MAP DETAIL

**LEGEND**

EXISTING	POSSIBLE EXPANSION	
		WARREN COUNTY
		CITY OF WARRENTON
		CITY OF CAMAK
		CITY OF NORWOOD
		MAY BE SERVED BY EITHER WARREN COUNTY OR CITY OF WARRENTON



**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: WARREN 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>WARREN, COUNTY OF</u>	Chairman	John R. Graham	<i>John R. Graham</i>	2-12-19
<u>CAMAK, CITY OF</u>	Mayor	Jamie Sikes	<i>Jamie Sikes</i>	2-11-19
<u>NORWOOD, CITY OF</u>	Mayor	Lonnie Drake	<i>Lonnie Drake</i>	2-4-19
<u>WARRENTON, CITY OF</u>	Mayor	Chris McCorkle	<i>Chris McCorkle</i>	2/12/19