

SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instruction:

This two page form must, at a minimum, be signed by an authorized representative of the following governments; 1) the country; 2) the city serving as the country seat; 3) all cities having a 2000 population of over 9,000 residing within the country; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the country. 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.

UPDATED SERVICE DELIVERY STRATEGY FOR _____ JEFF_DAVIS _____ COUNTY

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

- We have reviewed our existing Service Delivery Strategy and have determined that: (Check only one box for question #1)
 - A. Our Strategy continues to accurately reflect our preferred arrangements for providing local services throughout our county and no changes in our Strategy are needed at this time; or
- B. Our Strategy has been revised to reflect our preferred arrangements for providing local services.

If Option A is selected, or ly this form, signed by the appropriate local government representatives must be provided to DCA.

If Option B is selected, this form, signed by the appropriate local government representatives, must be submitted to DCA along with:

- an updated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated;
- any supporting local agreements pertaining to each of these services that has been revised/updated; and
- an updated service area map depicting the agreed upon service area for each provider if there is more than one service provider for each service that has been revised/updated within the county, and if the agreed upon service areas do not coincide with local political boundaries.
- 2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
- 3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- 4. Our service delivery strategy continues to provide 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 (2));
- 5. Our service delivery strategy continues to ensure 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));



PAGE 2

Instructions:	
listed on page 1. Answer each question below	ne for each service listed on page 1, Section III. Use exactly the same service names w, attaching additional pages as necessary. If the contact person for this service (listed at be reported to the Department of Community Affairs.
County: Jeff Davis	Service: Airport
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided coun service provider. (If this box is cheservice.): City of Hazlehurst Airport A	tywide (i.e., including all cities and unincorporated areas) by a single lecked, identify the government, authority or organization providing the Authority
Service will be provided only in (If this box is checked, identify the service.):	in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
One or more cities will provide will not be provided in unincorporauthority or organization providing	e this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), ag the service:
One or more cities will provide will provide the service in unincoauthority or organization providing	e this service only within their incorporated boundaries, and the county rporated areas. (If this box is checked, identify the government(s), g the service.):
Other (If this box is checked, a provider, and identify the government service area.):	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified?☐ Yes ☑No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but l	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated step or action that will be taken to el completing it.	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

Local Government or Author	ority: Funding	g Method:
eff Davis County	General Fund, State, SPLOST	
ity of Hazlehurst	General Fund, State	117
How will the strategy change the county?	the previous arrangements for providing	g and/or funding this service with
lo change is anticipated. The kirport Authority, while the Co nprovements.	e City of Hazlehurst will continue to pounty will continue to contribute SPL	rovide the service through its OST funding for any capital
5. List any formal service delive	ery agreements or intergovernmental con	atracts that will be used to
5. List any formal service delive implement the strategy for thi Agreement Name:	ery agreements or intergovernmental consists service: Contracting Parties:	atracts that will be used to Effective and Ending Dates
implement the strategy for thi	s service:	
Agreement Name: Agreement Name: 5. What other mechanisms (if an	s service:	Effective and Ending Dates y for this service (e.g., ordinance:
Agreement Name: Agreement Name: 5. What other mechanisms (if an	Contracting Parties: Contracting Parties: ny) will be used to implement the strateg	Effective and Ending Dates y for this service (e.g., ordinance:
Agreement Name: Agreement Name: 5. What other mechanisms (if arresolutions, local acts of the Company of the	Contracting Parties: Contracting Parties: ny) will be used to implement the strateg	Effective and Ending Dates y for this service (e.g., ordinance:
Agreement Name: Agreement Name: . What other mechanisms (if ar resolutions, local acts of the Colone . Person completing form: Jam	Contracting Parties:	Effective and Ending Dates y for this service (e.g., ordinance: c.), and when will they take effect
Agreement Name: Agreement Name: . What other mechanisms (if arresolutions, local acts of the Company of the C	Contracting Parties: Contracting Parties: Note: The contracting Parties: Contracting	Effective and Ending Dates y for this service (e.g., ordinance: c.), and when will they take effect

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PAGE 2 (continued)



Instructions

listed on p	age 1. Answer each question below	e for each service listed on page 1, Section III. Use exactly the same service names w, attaching additional pages as necessary. If the contact person for this service (listed at the reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Cultural (Museum)
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
service		tywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the prical Society
	box is checked, identify th	n the unincorporated portion of the county by a single service provider. e government, authority or organization providing the
will no		this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), g the service:
will pr		this service only within their incorporated boundaries, and the county reporated areas. (If this box is checked, identify the government(s), g the service.):
provi		ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
of this	veloping the strategy, were of service identified?	overlapping service areas, unnecessary competition and/or duplication
arrange	ment (i.e., overlapping but	ler the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
	ction that will be taken to el	d under the strategy, attach an implementation schedule listing each liminate them, the responsible party and the agreed upon deadline for

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Local Government or Authorit	ry: Funding	g Method:
ity of Hazlehurst	General Fund - Capital Improvem	
4. How will the strategy change the the county?	e previous arrangements for providing	g and/or funding this service within
In the continue of the continu	nuseum will continue to be operate	nd through the Historical Society
o change is anticipated. The fr ith the City of Hazlehurst contr	ibuting funding for capital improve	ements as needed.
in the Oity of Haziendrat conti	buting furtaing for capital improve	
T 1-4 C 1 1-1-1	agreements or intercovernmental cor	ntracts that will be used to
. List any formal service derivery	agreements of mergovernmental con	
implement the strategy for this s	ervice:	
implement the strategy for this s	contracting Parties:	Effective and Ending Dates:
implement the strategy for this s Agreement Name:	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s	ervice:	
implement the strategy for this s Agreement Name: 5. What other mechanisms (if any)	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 5. What other mechanisms (if any)	Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: 6. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
implement the strategy for this s Agreement Name: 5. What other mechanisms (if any)	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties:	Effective and Ending Dates: gy for this service (e.g., ordinances,
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties: O will be used to implement the strategoral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect
implement the strategy for this s Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger	Contracting Parties: Contracting Parties: Discrete the strate of the strate of the changes, expected as a second strate of the	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: 5. What other mechanisms (if any) resolutions, local acts of the Ger None 7. Person completing form: James Phone number: 912-375-6611	Contracting Parties: Contracting Parties: O will be used to implement the strategoral Assembly, rate or fee changes, e	Effective and Ending Dates: gy for this service (e.g., ordinances, etc.), and when will they take effect 6/28/05 aluating whether proposed local

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

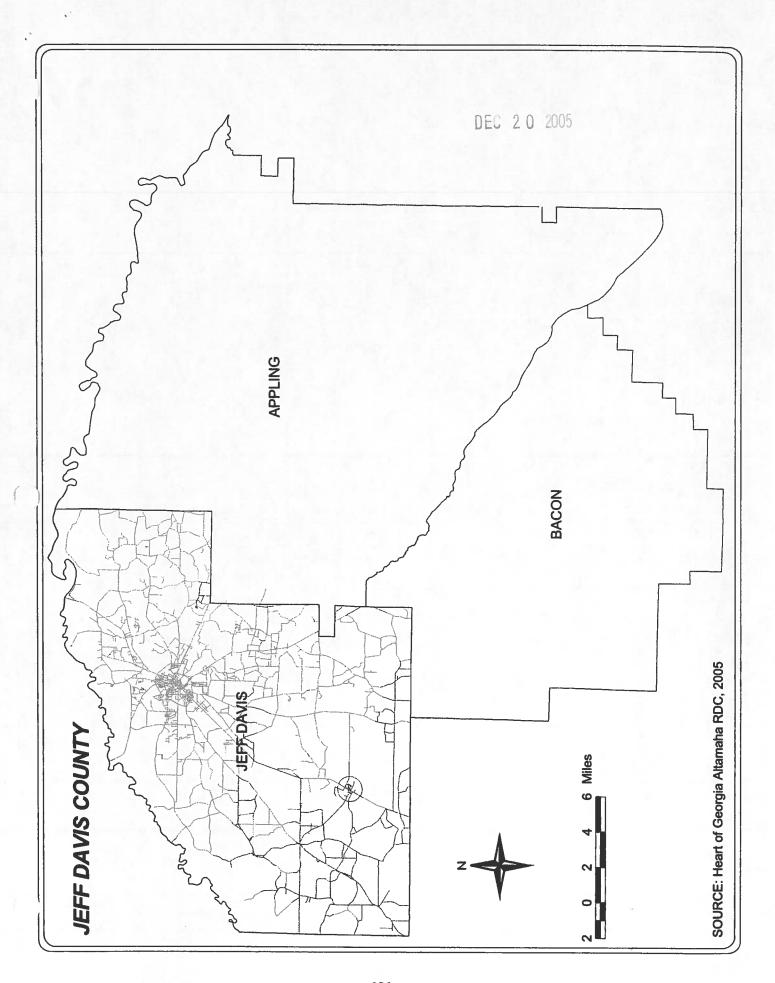
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service: Economic Development County: Jeff Davis 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.): Joint Development Authority of Jeff Davis County, Haziehurst, and Denton, City of Haziehurst Downtown Development Authority, Southeast Georgia Regional Development Authority 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐Yes ✓ No The City of Hazlehurst Downtown Development Authority is considered a higher level of service. If these conditions will continue under the 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).

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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

Local Government or Authority:	Funding	Method:
eff Davis County	General Fund	
ity of Hazlehurst	General Fund	
pint Development Auth. of Jeff Davis Co.,	General Fund, SPLOST	
azlehurst, and Denton		
ty of Hazlehurst DDA	General Fund (Hazlehurst)	
outheast Georgia Regional Dev. Auth.	JDA	
How will the strategy change the protection the county?	evious arrangements for providing	g and/or funding this service with
No change is anticipated. Economic Development Authority of Jeff Davis Southeast Georgia Regional Develo Development Authority provides a h	s County, Hazlehurst, and Den opment Authority. The City of I	iton and secondarily through the Hazlehurst Downtown
5. List any formal service delivery agrimplement the strategy for this servi	eements or intergovernmental co	ntracts that will be used to
5. List any formal service delivery agrimplement the strategy for this servi Agreement Name:	eements or intergovernmental conce: Contracting Parties:	ntracts that will be used to Effective and Ending Dates
implement the strategy for this servi	ce:	
implement the strategy for this servi	ce:	
implement the strategy for this servi	ce:	
	Contracting Parties: Contracting Parties:	Effective and Ending Dates gy for this service (e.g., ordinances
Agreement Name: Agreement Name: 6. What other mechanisms (if any) will resolutions, local acts of the General	Contracting Parties: Contracting Parties:	Effective and Ending Dates gy for this service (e.g., ordinances etc.), and when will they take effect

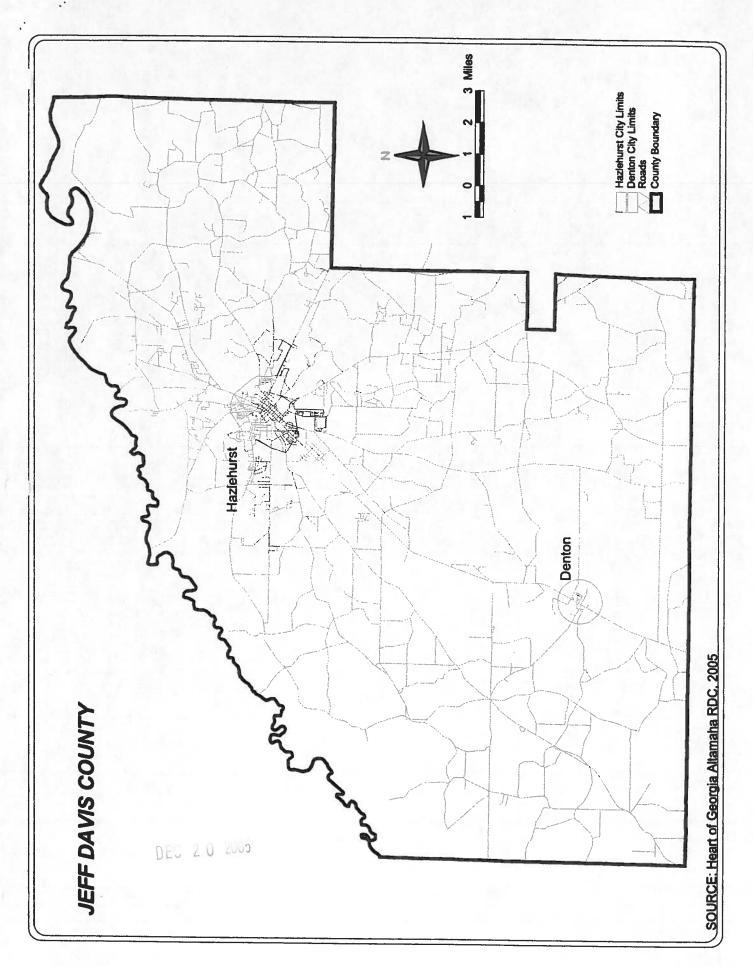
PAGE 2 (continued)





listed on pa	es of this form and complete on age 1. Answer cach question below	ne for each service listed on page 1, Section III. Use exactly the same service names w, attaching additional pages as necessary. If the contact person for this service (listed at be reported to the Department of Community Affairs.
	Jeff Davis	Service: Fuel System
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
service	vice will be provided coun provider. (If this box is ch .):	tywide (i.e., including all cities and unincorporated areas) by a single tecked, identify the government, authority or organization providing the
Service	box is checked, identify th	in the unincorporated portion of the county by a single service provider se government, authority or organization providing the
will no	or more cities will provide t be provided in unincorpor ty or organization providin	e this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), ag the service:
will pro	or more cities will provide ovide the service in uninco ty or organization providin	e this service only within their incorporated boundaries, and the county rporated areas. (If this box is checked, identify the government(s), g the service.):
provide each se	er (If this box is checked, a er, and identify the govern rvice area.): is County, City of Hazlehurst	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In deve of this :	service identified?	verlapping service areas, unnecessary competition and/or duplication
arrangen	nent (i.e., overlapping but l	ter the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
If these co step or ac completin	tion that will be taken to el	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

Total Comm		
Local Government or Author		ng Method:
Jeff Davis County City of Hazlehurst	General Fund	
Jily of Hazienurst	General Fund	
4. How will the strategy change the county?	the previous arrangements for providir	ng and/or funding this service within
No change is anticipated. Jeff acility for the provision of fuel	Davis County and the City of Hazle service. Both local governments sh	churst operate a joint central nare equally in funding the facility
List any formal service deliver implement the strategy for this	ry agreements or intergovernmental co	ntracts that will be used to
		Effective and Ending Dates
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
Agreement Name: 5. What other mechanisms (if any		by for this service (e.g. ordinances
Agreement Name: 5. What other mechanisms (if any	Contracting Parties: (v) will be used to implement the strates	by for this service (e.g. ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the General Agreement Name:	Contracting Parties: (v) will be used to implement the strates	y for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Golone 6. Person completing form: James	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	y for this service (e.g. ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Golone	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	sy for this service (e.g., ordinances, tc.), and when will they take effect?
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Golone 6. Person completing form: James Phone number: 912-375-6611	Contracting Parties: y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances, tc.), and when will they take effect?





Instru	tions:
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listed on p	age 1. Answer each question below	e for each service listed on page 1, Section III. Use exactly the same service names t, attaching additional pages as necessary. If the contact person for this service (listed at the reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Hospital
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
servic	rvice will be provided coun e provider. (If this box is ch e.): _Jeff Davis Hospital Authori	ywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
Ser (If this service	box is checked, identify th	n the unincorporated portion of the county by a single service provider government, authority or organization providing the
will no	e or more cities will provide ot be provided in unincorpo ity or organization providin	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
will pr	e or more cities will provide ovide the service in uninco ity or organization providin	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), 3 the service.):
provid	er (If this box is checked, a ler, and identify the governmentice area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In dev of this	service identified?	verlapping service areas, unnecessary competition and/or duplication
arrange	nent (i.e., overlapping but l	er the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding a that overlapping service areas or competition cannot be eliminated).
f these categories or accompletion	tion that will be taken to eli	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Author	ritus E II.	and Made . 1
Jeff Davis County	General Fund (as needed)	g Method:
Jeff Davis Hospital Authority	Fees & SPLOST	
4 II		
the county?	the previous arrangements for providing	ng and/or funding this service within
No change is anticipated.		
List any formal service deliver implement the strategy for this	y agreements or intergovernmental cosservice:	ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties:	Effective and Ending Dates:
Agreement Name: 5. What other mechanisms (if any	Contracting Parties: (a) Will be used to implement the strategorieral Assembly, rate or fee changes, e	Vy for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any	r) will be used to implement the strates	Vy for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Ge	r) will be used to implement the strates	Vy for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Ge	r) will be used to implement the strates	Vy for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Gellone	r) will be used to implement the strategneral Assembly, rate or fee changes, e	Vy for this service (e.g., ordinances
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Gellone	r) will be used to implement the strategneral Assembly, rate or fee changes, e	ey for this service (e.g., ordinances, tc.), and when will they take effect?
Agreement Name: 5. What other mechanisms (if any resolutions, local acts of the Gelone 1. Person completing form: James Phone number: 912-375-6611	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	sy for this service (e.g., ordinances, tc.), and when will they take effect?



Instructions:

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County:	Jeff Davis	Service: Indigent Defense
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
service	vice will be provided count provider. (If this box is che .):	ywide (i.e., including all cities and unincorporated areas) by a single scked, identify the government, authority or organization providing the
Service	box is checked, identify the	n the unincorporated portion of the county by a single service provider e government, authority or organization providing the
will no	or more cities will provide t be provided in unincorpor ty or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
will pro	or more cities will provide ovide the service in unincor ty or organization providing County, City of Hazlehurst	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
provid	er (If this box is checked, at er, and identify the government rvice area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In deve of this s	service identified?	verlapping service areas, unnecessary competition and/or duplication
ırrangen	ent (i.e., overlapping but h	or the strategy, attach an explanation for continuing the eigher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
f these co	onditions will be eliminated ion that will be taken to elim	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

Local Government or Authority:	Fundi	ng Method:
Jeff Davis County	General Fund & State	115 111011011
City of Hazlehurst	Fees & Fines	
4. How will the strategy change the pr the county?	revious arrangements for providi	ng and/or funding this service withi
No change is anticipated.		
5. List any formal service delivery agrimplement the strategy for this servi	ce:	
Agreement Name:		
Agreement Name:	Contracting Parties:	Effective una Enaing Dates.
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
Agreement Name:	Contracting Parties:	Effective una Enaing Dates.
Agreement Name:	Contracting Parties:	Effective und Enging Dates.
5. What other mechanisms (if any) will resolutions, local acts of the General	l be used to implement the strate	egy for this service (e.g., ordinances, etc.), and when will they take effect
5. What other mechanisms (if any) will resolutions, local acts of the General	l be used to implement the strate	egy for this service (e.g. ordinances
5. What other mechanisms (if any) wil	l be used to implement the strate	egy for this service (e.g. ordinances
5. What other mechanisms (if any) will resolutions, local acts of the General	l be used to implement the strate	egy for this service (e.g. ordinances
i. What other mechanisms (if any) will resolutions, local acts of the General lone Person completing form: James Carter	l be used to implement the strate Assembly, rate or fee changes,	egy for this service (e.g. ordinances
i. What other mechanisms (if any) will resolutions, local acts of the General lone	l be used to implement the strate Assembly, rate or fee changes,	egy for this service (e.g., ordinances etc.), and when will they take effect
. What other mechanisms (if any) will resolutions, local acts of the General lone . Person completing form: James Carter	I be used to implement the strate Assembly, rate or fee changes, r, County Administrator Date completed:	egy for this service (e.g., ordinances etc.), and when will they take effect 6/28/05

3. List each government or authority that will help to pay for this service and indicate how the service will



Instructions:

listed on page 1. Answer each question below, as	or each service listed on page 1, Section III. Use exactly the same service names staching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs.
County: Jeff Davis	Service: Law Enforcement
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countyve service provider. (If this box is check service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in to (If this box is checked, identify the generate.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorporate	his service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing to Jeff Davis County, City of Hazlehurst	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, attaprovider, and identify the government each service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
of this service identified?	erlapping service areas, unnecessary competition and/or duplication nurst's police department is considered a higher level of service.
If these conditions will continue under arrangement (i.e., overlapping but his	the strategy, attach an explanation for continuing the gher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated usep or action that will be taken to eliminated to completing it.	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

Enter Local Government or Authority: aff Davis County ity of Hazlehurst I. How will the strategy change the properties of the county? It change is anticipated. The Countinicorporated area and the City of the meir municipal boundaries. Discussion of the county wide may be held in the future.	General Fund, Fines & Fees General Fund, Fines & Fees revious arrangements for providing the will continue to provide for f Denton. The City of Hazlehui	law enforcement in the
I. How will the strategy change the prothe county? Io change is anticipated. The Countincorporated area and the City of their municipal boundaries. Discuss	revious arrangements for providir nty will continue to provide for f Denton. The City of Hazlehu	law enforcement in the
the county? lo change is anticipated. The Counincorporated area and the City oneir municipal boundaries. Discuss	nty will continue to provide for f Denton. The City of Hazlehu	law enforcement in the
the county? lo change is anticipated. The Counincorporated area and the City oneir municipal boundaries. Discuss	nty will continue to provide for f Denton. The City of Hazlehu	law enforcement in the
the county? lo change is anticipated. The Counincorporated area and the City oneir municipal boundaries. Discuss	nty will continue to provide for f Denton. The City of Hazlehu	law enforcement in the
nincorporated area and the City oneir municipal boundaries. Discuss	f Denton. The City of Hazlehui	
		consolidation of law enforcement
List any formal service delivery agr implement the strategy for this servi		ntracts that will be used to Effective and Ending Dates:
The state of the s		
What other mechanisms (if any) will resolutions, local acts of the Genera		gy for this service (e.g., ordinances, etc.), and when will they take effect?
Cone		
. Person completing form: _James Carte	er, County Administrator	
Phone number: 912-375-6611	Date completed:	6/28/05
3. Is this the person who should be congovernment projects are consistent w		

PAGE 2 (continued)



Instructions:

completing it.

County: Jeff Davis	Service: Library
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count service provider. (If this box is che service.): Jeff Davis County Library E	cywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the loard (Satilla Regional Library Board)
Service will be provided only in (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide will not be provided in unincorpor authority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide will provide the service in unincor authority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
Other (If this box is checked, at provider, and identify the government each service area.):	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were or of this service identified? ☐ Yes ☑ No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the eigher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated step or action that will be taken to eli	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Author	rity: Fundin	g Method:
eff Davis County	General Fund & In-kind	
eff Davis County BOE	General Fund & In-kind	
4. How will the strategy change t the county?	the previous arrangements for providing	g and/or funding this service withi
lo change is anticipated.		
i. List any formal service deliver implement the strategy for this	y agreements or intergovernmental conservice:	ntracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates
		System and Ending Dutes.
. What other mechanisms (if any resolutions, local acts of the Ge	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances tc.), and when will they take effect
i. What other mechanisms (if any resolutions, local acts of the Ge	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances tc.), and when will they take effect
resolutions, local acts of the Ge	r) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinances tc.), and when will they take effect
one Person completing form: James	eneral Assembly, rate or fee changes, e	tc.), and when will they take effec
resolutions, local acts of the Ge	eneral Assembly, rate or fee changes, e	tc.), and when will they take effect
Person completing form: James Phone number: 912-375-6611 Is this the person who should be	eneral Assembly, rate or fee changes, e	tc.), and when will they take effect 6/28/05

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



Instructions:

listed on p	age 1. Answer each question be	one for each service listed on page 1, Section III. Use exactly the same service names ow, attaching additional pages as necessary. If the contact person for this service (listed at d be reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Parks
1. Check	the box that best describ	es the agreed upon delivery arrangement for this service:
	provider. (If this box is	entywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	box is checked, identify	in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
will no		de this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), ing the service:
will pr author		
provid		attach a legible map delineating the service area of each service mment, authority, or other organization that will provide service within
of this	eloping the strategy, were service identified?	overlapping service areas, unnecessary competition and/or duplication
arrange	ment (i.e., overlapping bi	nder the strategy, attach an explanation for continuing the at higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated).
	ction that will be taken to	ted under the strategy, attach an implementation schedule listing each eliminate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fundin	g Method:
leff Davis County	General Fund, Fees, SPLOST	6 1/2000 M
City of Denton	General Fund	
ity of Hazlehurst	General Fund	
4. How will the strategy change the county?	e the previous arrangements for providin	g and/or funding this service within
No change is anticipated.		
5 List any formal service deliv	ery agreements or intergovernmental con	atranta that will be sund to
. Discutty tolimal service delly	ory agreements or mergoverimiental con	duacts that will be used to
implement the strategy for th		idacts that will be used to
implement the strategy for th	is service:	
		Effective and Ending Dates:
implement the strategy for th	is service:	
implement the strategy for th	is service:	
implement the strategy for th	is service:	
implement the strategy for th	is service:	
implement the strategy for th Agreement Name: 5. What other mechanisms (if a	is service:	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the 0	Contracting Parties: Contracting Parties: my) will be used to implement the strateg	Effective and Ending Dates:
implement the strategy for th Agreement Name: 6. What other mechanisms (if a	Contracting Parties: Contracting Parties: my) will be used to implement the strateg	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the 0	Contracting Parties: Contracting Parties: my) will be used to implement the strateg	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the 0	Contracting Parties: Contracting Parties: my) will be used to implement the strateg	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the 0	Contracting Parties: Contracting Parties: my) will be used to implement the strateg	Effective and Ending Dates:
implement the strategy for the Agreement Name: 5. What other mechanisms (if a resolutions, local acts of the Connections)	Contracting Parties: Contracting Parties: In place to implement the strategore General Assembly, rate or fee changes, e	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the connections)	Contracting Parties: Contracting Parties: In place of the strategory of the strate	Effective and Ending Dates: Type of this service (e.g., ordinances, tc.), and when will they take effect
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the colone 7. Person completing form: Jam Phone number: 912-375-6611	Contracting Parties: Contracting Parties: Contracting Parties: In place and parties: In place and parties are a contracting Parties: Contracting Part	Effective and Ending Dates: ay for this service (e.g., ordinances, tc.), and when will they take effect
Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the colone 7. Person completing form: Jam Phone number: 912-375-6611	Contracting Parties: Contracting Parties: In place of the strategory of the strate	Effective and Ending Dates: Type for this service (e.g., ordinances, tc.), and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and when will they take effect to the service (e.g., ordinances, tc.) and the service (e.g., ordinances, tc.) are the service (e.g., ordinances, tc.) and the service (e.g., ordinances, tc.) are the service (e.g., ordinances, tc.) and the service (e.g., ordinances, tc.) are the se



PAGE 2

Instructions:

the bottom	of the page) changes, this shoul	ow, attaching additional pages as necessary. If the contact person for this service (listed at d be reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Recycling
1. Check	the box that best describe	es the agreed upon delivery arrangement for this service:
service	vice will be provided cou provider. (If this box is o c.): <u>City of Hazlehurst</u>	ntywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
Service	box is checked, identify t	in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
will no	or more cities will provid t be provided in unincorp ty or organization providi	the this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), and the service:
will pr	or more cities will provide the service in unincity or organization providi	de this service only within their incorporated boundaries, and the county orporated areas. (If this box is checked, identify the government(s), ng the service.):
provid	er (If this box is checked, er, and identify the gover- rvice area.):	attach a legible map delineating the service area of each service nment, authority, or other organization that will provide service within
2. In deve of this Yes	service identified?	overlapping service areas, unnecessary competition and/or duplication
arranger	nent (i.e., overlapping but	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated).
If these costep or ac completing	tion that will be taken to e	ed under the strategy, attach an implementation schedule listing each eliminate them, the responsible party and the agreed upon deadline for

Local Government or Authority:	Funding Method:	
ity of Hazlehurst	General Fund & Sale of Goods	
15-20m-15-15-15-15-15-1		
4. How will the strategy change the pr the county?	revious arrangements for providing and/or funding to	his service within
No change is anticipated.		
 List any formal service delivery agreement the strategy for this servi 	eements or intergovernmental contracts that will be	used to
implement the strategy for this servi	ce.	
Agreement Name:	G 4 4 D 4 1500 4	15 11 5
Agreement Ivanie.	Contracting Parties: Effective an	d Ending Dates:
Agreement Ivane.	Contracting Parties: Effective an	d Ending Dates:
rigicement ivame.	Contracting Parties: Effective an	d Ending Dates:
Agreement Ivame.	Contracting Parties: Effective an	d Ending Dates:
Agreement Ivame.	Contracting Parties: Effective an	d Ending Dates;
Agreement Ivame.	Contracting Parties: Effective an	d Ending Dates:
5. What other mechanisms (if any) wil	Il be used to implement the strategy for this service (Il Assembly, rate or fee changes, etc.), and when will	e.g., ordinances,
5. What other mechanisms (if any) wil	I be used to implement the strategy for this service (e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General	I be used to implement the strategy for this service (e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General	I be used to implement the strategy for this service (e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General	I be used to implement the strategy for this service (e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General	I be used to implement the strategy for this service (e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General None	ll be used to implement the strategy for this service (l Assembly, rate or fee changes, etc.), and when will	e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General None 7. Person completing form: James Carte	Il be used to implement the strategy for this service (I Assembly, rate or fee changes, etc.), and when will	e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General	ll be used to implement the strategy for this service (l Assembly, rate or fee changes, etc.), and when will	e.g., ordinances,
5. What other mechanisms (if any) wil resolutions, local acts of the General None 7. Person completing form: James Carte Phone number: 912-375-6611 8. Is this the person who should be con	Il be used to implement the strategy for this service (I Assembly, rate or fee changes, etc.), and when will	e.g., ordinances,

3. List each government or authority that will help to pay for this service and indicate how the service will



Instructions:

listed on na	ge 1. Answer each question below	for each service listed on page 1, Section III. Use exactly the same service names at attaching additional pages as necessary. If the contact person for this service (listed at the reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Tax Collection
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
service	vice will be provided count provider. (If this box is che b.):	tywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
(If this	box is checked, identify the	n the unincorporated portion of the county by a single service provider e government, authority or organization providing the
will no	ot be provided in unincorpor	this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), g the service:
will pr author	e or more cities will provide ovide the service in uninco ity or organization providin ts County, City of Hazlehurst	e this service only within their incorporated boundaries, and the county reporated areas. (If this box is checked, identify the government(s), g the service.):
provid	ner (If this box is checked, a ler, and identify the govern ervice area.):	ettach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
of this	reloping the strategy, were of service identified?	overlapping service areas, unnecessary competition and/or duplication
arrange	ment (i.e., overlapping but	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
If these of step or a complete	ction that will be taken to el	d under the strategy, attach an implementation schedule listing each liminate them, the responsible party and the agreed upon deadline for

Local Government or Autho		ng Method:
Jeff Davis County	General Fund	
City of Hazlehurst	General Fund	
4. How will the strategy change the county?	the previous arrangements for providir	ng and/or funding this service with
No change is anticipated at th	is time.	
5. List any formal service deliver implement the strategy for this	ry agreements or intergovernmental co s service:	ntracts that will be used to
Acreament Mama	Contracting Dest.	TT CC .1 1 TT 11 TO
Agreement Name:	Contracting Parties:	Effective and Ending Date
Agreement Name:	Contracting Parties:	Effective and Ending Date
Agreement Name:	Contracting Parties:	Effective and Ending Date
Agreement Name:	Contracting Parties:	Effective and Ending Date
Agreement Name:	Contracting Parties:	Effective and Ending Date
6. What other mechanisms (if an	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	zy for this service (e.g. ordinance
6. What other mechanisms (if an	y) will be used to implement the strates	zy for this service (e.g. ordinance
6. What other mechanisms (if any resolutions, local acts of the Go	y) will be used to implement the strates	zy for this service (e.g. ordinance
5. What other mechanisms (if any resolutions, local acts of the Go	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	zy for this service (e.g. ordinance
5. What other mechanisms (if any resolutions, local acts of the Go	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinance tc.), and when will they take effect
5. What other mechanisms (if any resolutions, local acts of the Golono None 7. Person completing form: James Phone number: 912-375-6611	y) will be used to implement the strategeneral Assembly, rate or fee changes, e	gy for this service (e.g., ordinance tc.), and when will they take effectively.

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



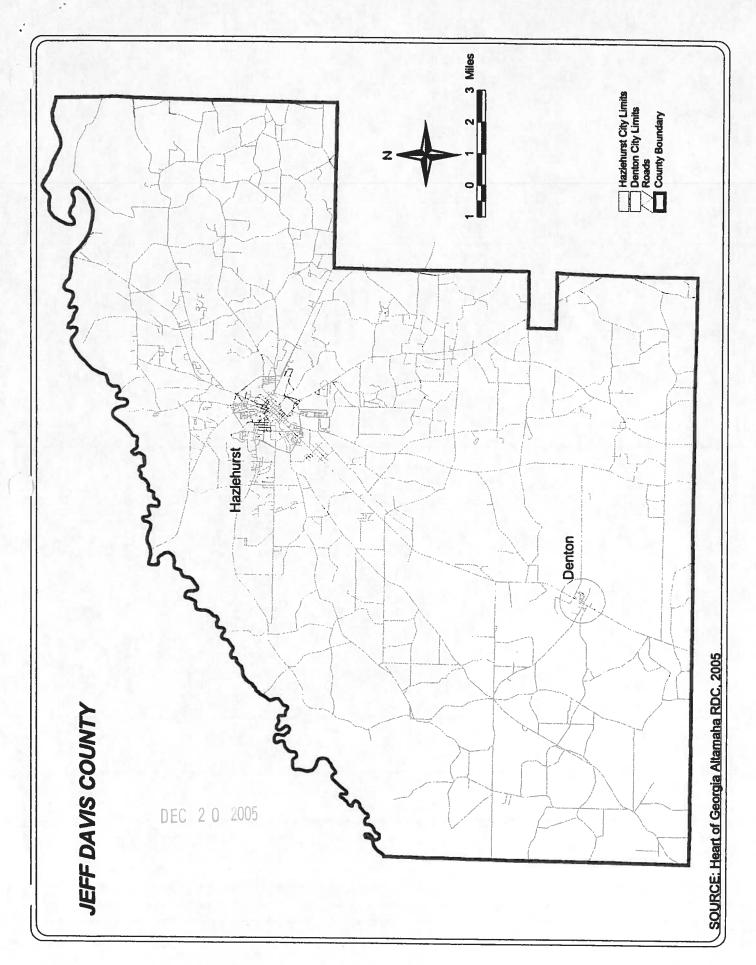
PAGE 2

listed on pa	ge 1. Answer each question belo	ne for each service listed on page 1, Section III. Use exactly the same service names ow, attaching additional pages as necessary. If the contact person for this service (listed at d be reported to the Department of Community Affairs.
County:	Jeff Davis	Service: Road/Street Construction
1. Check	the box that best describe	s the agreed upon delivery arrangement for this service:
Service Service	provider. (If this box is c	ntywide (i.e., including all cities and unincorporated areas) by a single hecked, identify the government, authority or organization providing the
Service	box is checked, identify t	in the unincorporated portion of the county by a single service provider he government, authority or organization providing the
will no	or more cities will provid t be provided in unincorpo ty or organization providi	the this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), and the service:
will pro	or more cities will provid wide the service in uninc by or organization providi	te this service only within their incorporated boundaries, and the county orporated areas. (If this box is checked, identify the government(s), ng the service.):
provide each se	er (If this box is checked, a er, and identify the govern rvice area.): s County (Includes City of Dento	attach a legible map delineating the service area of each service ament, authority, or other organization that will provide service within n). City of Hazlehurst
2. In deve of this s ☐ Yes	ervice identified?	overlapping service areas, unnecessary competition and/or duplication

If these conditions will continue under the 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.

Local Government or Author		g Method:
leff Davis County	General Fund & SPLOST	
City of Denton	Contract with County	
City of Hazlehurst	General Fund & SPLOST	
4. How will the strategy change the county?	the previous arrangements for providir	g and/or funding this service within
road/street construction within	County has an agreement with the the city limits in lieu of the City recorde the service within its municipal	eiving SPLOST funds. The City of
5. List any formal service delive implement the strategy for this Agreement Name:	ry agreements or intergovernmental co s service: Contracting Parties:	ntracts that will be used to Effective and Ending Dates:
Tigreement I vante.	Contracting Farties.	Effective and Ending Dates:
resolutions, local acts of the G	y) will be used to implement the strate eneral Assembly, rate or fee changes, e	
resolutions, local acts of the G	eneral Assembly, rate or fee changes, e	etc.), and when will they take effect?
7. Person completing form: Jame Phone number: 912-375-6611	eneral Assembly, rate or fee changes, e	6/28/05 aluating whether proposed local





PAGE 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:	Jeff Davis	Service: Solid Waste		
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:		
Service service	provider. (If this box is ch	tywide (i.e., including all cities and unincorporated areas) by a single lecked, identify the government, authority or organization providing the		
Ser (If this service	box is checked, identify the	in the unincorporated portion of the county by a single service provider be government, authority or organization providing the		
will no		e this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), ag the service:		
will prauthor	e or more cities will provide ovide the service in uninco ity or organization providin Is County, City of Denton, City of Hazh			
provid	er (If this box is checked, a ler, and identify the govern ervice area.):	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within		
	service identified?	overlapping service areas, unnecessary competition and/or duplication		
arrange	ment (i.e., overlapping but	ler the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).		
If these of step or a completi	ction that will be taken to el	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for		

Local Government or Author	ority: Fundin	g Method:			
leff Davis County		General Fund, Insurance Premium Tax			
City of Denton	Contract with County				
City of Hazlehurst	General Fund & Fees				
4. How will the strategy change the county?	e the previous arrangements for providing	g and/or funding this service with			
costs in their own jurisdictions	ch government will remain responsib s. The county will itemize this line ite assure that revenues are used only	m on the millage for the			
implement the strategy for thi					
		ntracts that will be used to Effective and Ending Dates			
implement the strategy for thi	is service:				
implement the strategy for thi	is service:				
implement the strategy for thi	is service:				
implement the strategy for thi	is service:				
implement the strategy for thi Agreement Name: 6. What other mechanisms (if a	is service:	Effective and Ending Dates gy for this service (e.g., ordinances			
implement the strategy for the Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the (Contracting Parties: Contracting Parties: ny) will be used to implement the strate	Effective and Ending Dates gy for this service (e.g., ordinances			
implement the strategy for thi Agreement Name: 6. What other mechanisms (if a	Contracting Parties: Contracting Parties: ny) will be used to implement the strate	Effective and Ending Dates gy for this service (e.g., ordinances			
implement the strategy for the Agreement Name: 6. What other mechanisms (if a resolutions, local acts of the (Contracting Parties: Contracting Parties: ny) will be used to implement the strate	Effective and Ending Dates gy for this service (e.g., ordinance			
Agreement Name: Agreement Name: 5. What other mechanisms (if arresolutions, local acts of the Connections)	ny) will be used to implement the strate. General Assembly, rate or fee changes, e	Effective and Ending Dates gy for this service (e.g., ordinance			
Agreement Name: Agreement Name: 5. What other mechanisms (if arresolutions, local acts of the Connections)	ny) will be used to implement the strate. General Assembly, rate or fee changes, e	Effective and Ending Dates gy for this service (e.g., ordinances etc.), and when will they take effect			
Agreement Name: Agreement Name: 5. What other mechanisms (if a resolutions, local acts of the Conne 7. Person completing form: Jam Phone number: 912-375-6611	Contracting Parties: Contracting Parties: ny) will be used to implement the strate. General Assembly, rate or fee changes, e	Effective and Ending Dates gy for this service (e.g., ordinances etc.), and when will they take effect 6/28/05 aluating whether proposed local			

- 6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City and use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- 8. Our Service Deliving Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be amount into a rily within the county (O.C.G.A. 36-70-24 (4)(C))¹ and;
- 9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict cur agreed upon strategy (O.C.G.A. 36-70-27).

If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Ceyde McCalle Nagne Dates Walter Pred	Clyde M& Call WAYNE FOUNTAIN Walter Rea	Chairman mayor Mayor	Jeff Davis County B.O.C. City of Hazketurs City of Denton	8-15-05
DEC 2 0 2005				