GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

RECEIVED

FOR Johnson

COUNT MAY 18 P.M.

PAGE 1

I. GENERAL INSTRUCTIONS:

- 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 in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) 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, page 4).
- 7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

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.

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.

Johnson County Wrightsville Kite Adrian

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Cemeteries
Code Enforcement/Scrap Tire
Code Enforcement/ Building Inspection
Cooperative Extension Service
Dept. of Family & Childrens Services
Emergency Management Services
Emergency Medical Service
Fire Protection
Indigent Defense
Jail

Judicial/Courts
Law Enforcement
Public Health
Recreation
Road/Street Maintenance
Senior Citizens Center
Sewage Collection/Disposal
Solid Waste Management
Water Supply/Distribution

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Johnson	Service: Cemeteries
1. Check the box that best describ	pes the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is iment, authority or organization providing the service.)
 Service will be provided onled identify the government, aut 	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
anneos poratea areas. (11 tilis	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked	l, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vrightsville	General Fund & Lot Sales
Cite	General Fund & Lot Sales
 How will the strategy change the No Change 	previous arrangements for providing and/or funding this service within the county?
	All and the second seco

Agreement Name:	Contracting Parties:	Effective and Ending Dece
None	Conducting Factors.	Effective and Ending Dates:
110.10		
None		
7. Person completing form: Joanne Strange		
	Date completed: 4-5-99	



PAGE 2

Instructions:

County: Johnson		Service:	Code Enforc	ement/Scrap Ti	ire	
1. Check the box that best describe		_				
Service will be provided cour checked, identify the govern	ntywide (i.e., including all cit ment, authority or organization	ities and uni on providir	incorporated are ag the service.)	eas) by a single s	service provider	: (If this box is
 Service will be provided only identify the government, auth 	in the unincorporated portion in the unincorporated portion or organization provid	on of the co	ounty by a single vice.)	e service provide	er. (If this box is	s checked,
One or more cities will provid unincorporated areas. (If this	box is checked, identify the	governmen	nt(s), authority o	or organization p	providing the ser	rvice.)
One or more cities will provid unincorporated areas. (If this	box is checked, identify the	governmen	nt(s), authority o	or organization pr	providing the ser	rvice.)
Other. (If this box is checked, government, authority, or oth	ner organization that will prov	vide service	e within each se	ervice area.)		
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, u	ınnecessary	competition an	ıd/or duplication	of this service i	identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	G.A. 36-70-24(1)), overriding	explanation g benefits o	n for continuin of the duplicatio	ig the arrangem on, or reasons tha	tent (i.e., overla	ipping but ervice areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach asible party and the agreed u	n an impler pon deadlir	mentation sche	dule listing each	step or action t	that will be
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	ity that will help to pay for thi	nis service a	and indicate how	w the service will	be funded (e.g. act fees, bonder	., enterprise 1
Local Government or Authority:	Funding Method:					
Johnson County	General Fund/State Gran	ınts				

					-	
4. How will the strategy change the No Change	previous arrangements for p	providing a	nd/or funding th	his service withir	n the county?	
110 0114						

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		<u> </u>
C1 A 11		e (e.g., ordinances, resolutions, local acts of the
Solid Waste and Scrap Tire Managen Effective: January 8, 1996		
Solid Waste and Scrap Tire Manager Effective: January 8, 1996 7. Person completing form: Joanne Stra	nent Ordinance of Johnson County	
Solid Waste and Scrap Tire Managen Effective: January 8, 1996	nent Ordinance of Johnson County	
Solid Waste and Scrap Tire Manager Effective: January 8, 1996 7. Person completing form: Joanne Straphone number: 912-864-3388	nent Ordinance of Johnson County ange Date completed: 4-6-99 ted by state agencies when evaluating whether	



Instructions:

County: Johnson	Service: C.Enforce/Building Inspection
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked	l, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Wrightsville	General Fund/User Fees
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?
	· ·

service:	ements or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) will General Assembly, rate or fee chang None	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang None	es, etc.), and when will they take effect?	
None 7. Person completing form: Joanne S	es, etc.), and when will they take effect? Strange	
General Assembly, rate or fee chang None	es, etc.), and when will they take effect?	



PAGE 2

Instructions:

County: Johnson		Service: Cooperative Extension Service
1. Check the box that best describe	s the agreed upon delivery a	arrangement for this service:
Service will be provided coun checked, identify the government		ities and unincorporated areas) by a single service provider. (If this box is ion providing the service.)
 Service will be provided only identify the government, auth 		on of the county by a single service provider. (If this box is checked, ding the service.)
		heir incorporated boundaries, and the service will not be provided in government(s), authority or organization providing the service.)
		heir incorporated boundaries, and the county will provide the service in government(s), authority or organization providing the service.)
		neating the service area of each service provider, and identify the ovide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, u	unnecessary competition and/or duplication of this service identified?
	G.A. 36-70-24(1)), overriding	explanation for continuing the arrangement (i.e., overlapping but ng benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon		h an implementation schedule listing each step or action that will be upon deadline for completing it.
		his service and indicate how the service will be funded (e.g., enterprise nues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Johnson County	General Fund/State	
4. How will the strategy change the No Change	previous arrangements for	providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
What other mechanisms (General Assembly, rate of None	if any) will be used to implement the strategy for this s r fee changes, etc.), and when will they take effect?	service (e.g., ordinances, resolutions, local acts of the
INOITE		
	Joanne Strange	
7. Person completing form: Phone number: 912-864		-6-99

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Johnson	Service: DFACS
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this leaves are as a compared to the compared to t	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	State/supplemented by County
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
77 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
General Assembly, rate or	If any) will be used to implement the strategy for this ser refee changes, etc.), and when will they take effect?	rvice (e.g., ordinances, resolutions, local acts of th
None		
7. Person completing form:	Joanne Strange	
		i-99



PAGE 2

Instructions:

County: Johnson	Service: Emergency Management
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue us higher levels of service (See O.C.Competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be elimina taken to eliminate them, the response	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
3. List each government or author funds, user fees, general funds, indebtedness, etc.).	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	General Fund/State
How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?
110 Change	

List any formal service delivery agree service:	ements or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	be used to implement the strategy for this services, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Joanne S	trange	
Phone number: 912-864-3388	Date completed: 4/6/99)
8. Is this the person who should be contacted consistent with the service delivery st	acted by state agencies when evaluating whether	r proposed local government projects are

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Johnson	Service: Emergency Medical Services
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were ☐ Yes ☑ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ider the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	General Fund/User Fees
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agree service:	ments or intergovernmental contracts that will be u	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	be used to implement the strategy for this service (es, etc.), and when will they take effect?	
7. Person completing form: Joanne St	trange	
Phone number: 912-864-3388	Date completed: <u>4/6/99</u>	
8. Is this the person who should be contact consistent with the service delivery structure. If not, provide designated contact person		oposed local government projects are



PAGE 2

Instructions:

County:Johnson	Service: Fire Protection
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only identify the government, authors.	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
☐ One or more cities will provi- unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the service organization that will provide service within each service area.)
2. In developing the strategy, were ✓ Yes □ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C.0	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or Higher levels of service in incorporated areas.
If these conditions will be eliminal taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ohnson County	County General Fund
/rightsville	City General Fund
ite	City General Fund/County
drian	City General Fund/County
How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

service:	ements of intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	2000	
1		
loans (
7. Person completing form: Joanne S	strange	
7. Person completing form: Joanne S Phone number: 912-864-3388	Strange Date completed: 4/6/99	<u> </u>

Fire Protection

These conditions will continue under the strategy.

The City of Wrightsville provides a higher level of service within the city. Johnson County provides fire protection for the county and helps to provide fire protection in other incorporated areas.



PAGE 2

Instructions:

County: Johnson	Service: Indigent Defense
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	County General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
40.7	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		Ziroti to tale Litering Dates.
7. Person completing form: Joanne	Strange	
7. Person completing form: Joanne Phone number: 912-864-3388	Strange Date completed: 4/6/99	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Johnson		Service: Jail	
1. Check the box that best describe	s the agreed upon deliver	y arrangement for this service:	
Service will be provided coun checked, identify the government			by a single service provider. (If this box is
Service will be provided only identify the government, auth			rvice provider. (If this box is checked,
			and the service will not be provided in rganization providing the service.)
			and the county will provide the service in rganization providing the service.)
		lineating the service area of ea rovide service within each servi	ch service provider, and identify the ce area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas	, unnecessary competition and/o	or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	G.A. 36-70-24(1)), overrid	n explanation for continuing thing benefits of the duplication,	he arrangement (i.e., overlapping but or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon			le listing each step or action that will be t.
3. List each government or authori funds, user fees, general funds, sindebtedness, etc.).	ty that will help to pay for special service district rev	this service and indicate how the enues, hotel/motel taxes, franch	ne service will be funded (e.g., enterprise ise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Johnson County	County General Fund	(Chaha)	
	City of Wrightsville	User ques	
		15ell	
		V	
How will the strategy change the No Change	e previous arrangements f		vice within the county?

service:	ements or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
 What other mechanisms (if any) will General Assembly, rate or fee change None 	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Joanne S		
7. Person completing form: Joanne S Phone number: 912-864-3388	Strange Date completed: 4/6/99)

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

changes, this should be	reported to the Department of Community Annuals.
County: Johnson	Service: Judicial/Courts
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided county checked, identify the government	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
☐ Service will be provided only in identify the government, author	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
☐ One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sp indebtedness, etc.). 	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
	Funding Method:
Johnson County	
Superior Court	General Fund/User Fees
Juvenile Court	General Fund/State Grants
Probate	General Fund/User Fees
Magistrate	General Fund/User Fees
4. How will the strategy change the No Change	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agree service:	ements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
		A1994
	be used to implement the strategy for this service	
None	es, etc.), and when will they take effect?	
7. Person completing form: Joanne S	Strange	
Phone number: 912-864-3388	Date completed: 4-6-99	9
8. Is this the person who should be cont consistent with the service delivery s	tacted by state agencies when evaluating whether strategy? Yes No	r proposed local government projects are
If not, provide designated contact per	rson(s) and phone number(s) below:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Johnson	Service: Law Enforcement
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other)	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were Yes □ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	County General Fund
Wrightsville	City General Fund
Kite	City General Fund/Law Contract
Adrian	City General Fund
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agre- service:	ements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Kite Law Contract	Kite/Johnson County	January 1997 until
		cancelled by either
		party.
7 Person completing forms Joanne S	Strange	
7. Person completing form: Joanne S		
Phone number: 912-864-3388	Date completed: 4 /9/99	
	Date completed:	

Law Enforcement

These conditions will continue under the strategy.

The City of Wrightsville provides law enforcement within the city. Johnson County provides dispatch for the city for a fee. The County also provides back-up for city police.

Johnson County has a law enforcement contract with the City of Kite.

Johnson County provides law enforcement in all the unincorporated areas of the county.

Adrian provides law enforcement within the city.

CONTRACT FOR LAW ENFORCEMENT SERVICES KITE, GEORGIA

STATE OF GEORGIA
COUNTY OF JOHNSON

CONTRACT FOR LAW ENFORCEMENT SERVICES

KITE, GEORGIA

THIS AGREEMENT, made and entered into this lst day of January, 1997, by and between the City of Kite, Georgia, a municipal corporation, hereinafter referred to as the "City" and JOHNSON COUNTY, a political subdivision of the State of Georgia, by and through THE BOARD OF COMMISSIONERS OF JOHNSON COUNTY, hereinafter referred to as the "County", approved by Michael Morris in his capacity as the duly elected Sheriff of Johnson County, Georgia, hereinafter referred to as the "Sheriff";

WITNESSETH, that in order to promote, and in the interest of, efficient law enforcement in the aforesaid City and County, the parties hereinto have reached the agreement herein specified as provided in Article IX, Section IV, Paragraph II and Article IX, Section III, Paragraph I, of the 1983 Constitution of the State of Georgia, to unify local enforcement efforts in the City and County;

NOW, THEREFORE, for valuable consideration and mutual promises exchanged between the parties hereto in consideration of the premises and in compliance with and pursuant to the provisions, terms, and conditions of the State Statutes pertaining thereto, the City and the County do hereby contract with each other as follows:

- (1) This agreement will be binding on the parties hereto for the period commencing the 1st day of January, 1997 and ending at midnight the 31st day of December, 1997. This agreement will then continue on an annual basis beginning January 1st of the next succeeding year and ending December 31st of that year unless this Agreement is terminated under paragraph 3 of this contract. It is specifically provided that after nine months from the date hereof, this agreement shall be evaluated by the parties hereto to determine any problems, complaints or conflicts and to recommend any possible resolutions of the same.
- (2) Official Code of Georgia Annotated Sec. 15-16-13 and the aforesaid contract as amended herein shall govern the rights and obligations of the parties hereto. The City shall make payments to the County's general fund in the amount of \$1,500.00 every 3 months beginning January 1, 1997 and continuing on the first day of each quarter thereafter during the term of this agreement.
- (3) Either party hereto may cancel and terminate this agreement at the end of any calendar year, provided notice of such intention to so terminate and cancel the agreement shall be given in writing not later than 60 days prior to the end of said year, otherwise, it shall remain in force on a yearly basis.
- (4) The County hereby agrees to furnish all necessary police protection services in the incorporated areas of the City, and to enforce all State laws, Federal statutes, and local ordinances of the City, insofar as the same come within the knowledge and notice of the members of the Johnson County Sheriff's Office. The County agrees that it will furnish such additional personnel and equipment as may from time to time be necessary in periods of emergency and on occasion when greater police protection is required, it being the intention of this agreement that the County shall assume full responsibility and the obligation for furnishing police protection and services in the incorporated area of the City.

- (5) In consideration for the payment of the sums described in paragraph (2) hereof, the Sheriff of Johnson County will furnish adequate personnel through funding from the County necessary to effectuate services specified in this agreement, which personnel shall have the right and obligation to make arrests, investigate violations, provide security and otherwise enforce all applicable laws and ordinances whithin the incorporated city limits of the City. The Sheriff and his deputies shall perform all other police funcions within the City, including performing functions as officers of the courts of the County and City. In addition, the Sheriff and his lawful deputies shall serve in the capacity as and perform all the duties of the Chief of Police or the City Marshall as required by the laws of Georgia and the Charter for the City of Kite.
- (6) The method and manner in which the aforesaid functions are performed will be within the sole discretion of the Sheriff.
- (7) The Mayor of the City, will assume liaison responsibilities with the Sheriff, pertaining to law enforcement matters in the City. Such responsibilities shall include, but not be limited to, development of general law enforcement policy in the City, negotiation of contracts and amendments as needed, and resolutions of problems, complaints, or conflicts that may arise.
- (8) All persons arrested for violations of ordinances of the City shall be referred to the Johnson County Court of Law or Sheriff.
- (9) For all the services provided herein, the City agrees to pay to the County during the period of this Agreement the sums as described in paragraph (2) hereof. In addition, the City agrees to reimburse the County for fifty percent of any expenses incurred by the County in the providing of medical, hospital, or dental services and medication to persons detained in the County jail who are charged with only violations of City ordinances. Any such expense for persons detained on State or county violations shall be the sole expense of the County. The City further agrees for the Johnson County Sheriff's Office to have joint use of a building owned by the City of Kite. The mayor of Kite and the Sheriff of Johnson County shall work together regarding the use of said building. The City of Kite shall maintain said building for the term of this agreement.

- (10) The City shall indemnify and hold harmless Johnson County, its officers and employees, the Sheriff of Johnson County and his lawful deputies, from any and all claims, damages, or expenses (including legal expense incurred in defending actions of habeas corpus proceedings) arising out of, or related to, the arrest, detention, or imprisonment of person charged with violations of City Ordinances and detained in the County jail pursuant to the provisions of this agreement, except that the City shall not be liable for any claims, damages, or expenses that may arise due to actions or omissions of any, agent or employees of the County unless such actions or omissions are at the directions of the City.
- (11) The only expense for which the City shall be obligated in the performance of this contract shall be those specifically provided for herein.
- (12) No prior stipulation, agreement or understanding, verbal or otherwise, of the parties, or their employees shall be valid or enforceable unless embodied in the provisions of this agreement.
- (13) This contract shall be executed in duplicate with both the City and County having an original and either copy shall serve as an original.

IN WITNESS WHEREOF, the parties hereto have hereunto set their names and the signatures of their proper officials duly authorized by resolutions spread upon the official minutes of the Mayor and Council of the City of Kite, Georgia, on the day and year first above written.

BOARD OF COMMISSIONERS OF JOHNSON COUNTY, GEORGIA

Chairman

1-12

Commissioner

Commissioner

Commissioner

Commissioner

ATTEST

CITY OF KITE

BY: Emat Sainted Mayon

Jayer G. Dawow Mayour Bro. Lem -City Council Member

Edulin Clarton
City Council Member

City Council Member

ATTEST (1). CONTAGINATION (le

My Comm. Exp. Sept. 25, 1998

JOHNSON COUNTY SHERIFF

BY: // Wedge/// Jo

Michael Morris,

Sheriff

Dated this 1st day of January, 1997.

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	Johnson	Service: Public Health
1. Check the bo	x that best describe	s the agreed upon delivery arrangement for this service:
Service wi	ll be provided coun dentify the governn	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
☐ Service wi identify th	ll be provided only e government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or mo	re cities will provide rated areas. (If this	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or mo unincorpo	re cities will provice rated areas. (If this	the this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If to government	this box is checked, nt, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing ☐ Yes ☑ No	g the strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of	ons will continue un service (See O.C.Connot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these condition taken to eliminate	ons will be eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each gov funds, user f indebtedness	ees, general funds,	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Governm	nent or Authority:	Funding Method:
Johnson Coun	ty	State Funds/ County General Fund
4. How will the	strategy change th	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	ll be used to implement the strategy for this service	
None	ges, etc.), and when will they take effect?	
None		
	Strange	
None)



Instructions:

County: Johnson	Service: Recreation		
	s the agreed upon delivery arrangement for this service:		
Service will be provided coun	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)		
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)		
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)		
Other. (If this box is checked government, authority, or oth	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)		
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?		
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or		
If these conditions will be eliminataken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.		
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded		
Local Government or Authority:	Funding Method:		
Johnson County Board	County General Fund &		
of Recreation	Wrightsville General Fund		
Adrian	City General Fund		
Kite	City General Fund		
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?		

5. List any formal service delivery service:	agreements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
6. What other mechanisms (if any) General Assembly, rate or fee continuous None	will be used to implement the strategy for this service hanges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Joan	ne Strange	
Phone number: 912-864-3388		
8. Is this the person who should be consistent with the service deliv	contacted by state agencies when evaluating whether	proposed local government projects are

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.

County: Johnson	Service: Recreation
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
2. In developing the strategy, were ✓ Yes □ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nde the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 3.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be assible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ohnson County Board	County General Fund/Wrightsville General
f Recreation /	Fund/User Fees
ite	General Fund/County
drian	General Fund/Johnson County/Emanuel Coun
unan	

see date

	Contracting Parties:	Effective and Ending Dates:
Agreement Name: None		
None		
7. Person completing form: Joanne	o Strango	

RECREATION

The Johnson County Board of Recreation provides a county- wide, organized recreation program, with a paid athletic director.

The cities of Kite and Adrian have a limited recreation program for kids in their communities. They do have playing fields where kids may play with volunteer supervision.

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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.

County: Johnson	Service: Road/Street Maintenance
	s the agreed upon delivery arrangement for this service:
☐ Service will be provided coun checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
Service will be provided only identify the government, authorized	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
 In developing the strategy, were Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas of
If these conditions will be eliminat taken to eliminate them, the respor	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	County General Fund
Vrightsville	General Fund (County helps maintain
Kite	Genereal Fund some areas in cities)
Adrian	General Fund
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?
	De les vienes de la section de

MAY 25 P.M.

Agreement Name:	Con	tracting Parties:	Effective and Ending Dates:
None			
	r fee changes, etc.), and whe	ment the strategy for this service (e.g., en will they take effect?	
None			
7. Person completing form:	Joanne Strange		
		Date completed: <u>5/24/99</u>	



Instructions:

County: Johnson	Service: Road/Street Maintenance
1. Check the box that best describ	s the agreed upon delivery arrangement for this service:
☐ Service will be provided cour checked, identify the govern	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box nent, authority or organization providing the service.)
 Service will be provided only identify the government, auth 	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provi- unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked government, authority, or oth 	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ✓ Yes □ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.(competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas of
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Johnson County	County General Fund
Vrightsville	General Fund (County helps maintain
(ite	General Fund some areas in cities
Adrian	General Fund
4. How will the strategy change the No Change	previous arrangements for providing and/or funding this service within the county?

A greament Name		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
C NID		
O. What other mechanisms (II any) wi	ill be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee chan	iges, etc.), and when will they take effect?	
Mina	gos, oto.), and whom will they take effect!	
None	ges, ets.), and whom will diey take effect?	
None	ges, own, and when will they take effect:	
None	ges, own, and when will they take effect?	
None	ges, own, and when will they take effect?	
None	ges, own, and when will they take effect?	
None	ges, ow,, and when will they take effect?	
None		
7. Person completing form: Joanne		
None	Strange	
7. Person completing form: Joanne Phone number: 912-864-3388	Strange Date completed: 4/6/99	
7. Person completing form: Joanne Phone number: 912-864-3388	Strange Date completed: 4/6/99 ntacted by state agencies when evaluating whether	proposed local government projects are
7. Person completing form: Joanne Phone number: 912-864-3388 8. Is this the person who should be conconsistent with the service delivery	Strange Date completed: 4/6/99 ntacted by state agencies when evaluating whether	proposed local government projects are

Road/Street Maintenance

These conditions will continue under the strategy.

Johnson County provides road maintenance in all the unincorporated areas of the county and also helps maintain dirt streets in Wrightsville and helps maintain ditches and right-of-ways in other incorporated areas of the County.

PAGE 2

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: John	nson	Service: Senior Citizens Center
	t best describes	the agreed upon delivery arrangement for this service:
		ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
		n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
		this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
		this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
		attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In developing the ☐ Yes ☑ No	strategy, were o	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions whigher levels of service competition cannot be	ice (See O.C.G.	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions v	vill be eliminate em, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
3. List each government funds, user fees, go indebtedness, etc.	general funds, sp	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government of		Funding Method:
lohnson County		County General Fund/State/Federal
4 Harry will the attent	togy change the	previous arrangements for providing and/or funding this service within the county?
No Change	legy change the	previous arrangements for providing and or funding and service within the county.

5. List any formal service del service:	ivery agreements or intergovernmental co	entracts that will be used to in	aplement the strategy for this
Agreement Name:	Contracting Parties	s:	Effective and Ending Dates:
None			
None	Joanno Strango		
7. Person completing form:			-
Phone number: 912-864	3388 Date co	ompleted: <u>4/6/99</u>	
consistent with the service	uld be contacted by state agencies when ever delivery strategy? Yes No contact person(s) and phone number(s) be		ocal government projects are
If not, provide designated	contact person(s) and phone named(s) oc		



PAGE 2

Instructions:

higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that wittaken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority: Funding Method:	ed, in ice in
□ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the 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 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 serv 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identify the yest No If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that witaken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise tax	ed, in ice in
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Wrightsville General Fund/User Fees	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
General Assembly, rate or fee char	Il be used to implement the strategy for this service	(-18.) oraniamous, resolutions, rocal acts of t
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7. Person completing form: Joanne Phone number: 912-864-3388	Strange Date completed: 4/6/99 ntacted by state agencies when evaluating whether	



Instructions:

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 sing 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 providentify the government, authority or organization providing the service.) □ One or more cities will provide this service only within their incorporated boundaries, and the ser unincorporated areas. (If this box is checked, identify the government(s), authority or organization of unincorporated areas. (If this box is checked, identify the government(s), authority or organization. □ Other. (If this box is checked, attach a legible map delineating the service area of each service government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplicated. Yes □ No If these conditions will continue under the strategy, attach an explanation for continuing the arrangingher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons competition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, indebtedness, etc.). Local Government or Authority: Funding Method: Only General Fund General Fund/County	nent
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1. How will the strategy change the previous arrangements for providing and/or funding this service w	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		Duces.
General Assembly, rate or fee char None	ill be used to implement the strategy for this service ages, etc.), and when will they take effect?	(18), or
None		
7. Person completing form: Joanne	Strange	
	Strange Date completed: 4/6/99	

Solid Waste Management

The same conditions will continue under the strategy.

Johnson County provides 57 dumpsters at 15 sites in the county. They also provide a convenience center for construction debris, trash, recyclables, and metals for all the county.

The City of Wrightsville provides for solid waste disposal within the city at a higher level of service. (Garbage pick-up)

Johnson County and the City of Wrightsville contract with the same service for solid waste disposal.



PAGE 2

Instructions:

County: Johnson	Service: Water Supply/Distribution
1. Check the box that best describe	bes the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in 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 ner organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authorit	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Vrightsville	General Fund/User Fees
(ite	General Fund/User Fees
Adrian	General Fund/User Fees
4. How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
None		Effective and Ending Dates.	
6. What other mechanisms (if any) w General Assembly, rate or fee cha	ill be used to implement the strategy for this servicenges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the	
None			
None			
7. Person completing form: Joanne Phone number: 912-864-3388	Date completed: 4/6/99 ontacted by state agencies when evaluating whether	proposed local government projects are	

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

a Johnson	
County: Johnson	
1. What incompatibilities or conflicts between the land use plans of local govern service delivery strategy?	nments were identified in the process of developing the
There were no incompatibilities or conflicts between the land use plated development of the service delivery strategy. Johnson County and the preparation and adoption of a Joint City/County comprehensive Plan addressed at that time. Adrian participated in a joint plan with Emandadoressed.	e Cities of Wrightsville and Kite participated in in 1994. Any incompatibilities or conflicts were
2. Check the boxes indicating how these incompatibilities or conflicts were addr	ressed:
☐ amendments to existing comprehensive plans	Note: If the necessary plan amendments,
☐ adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been
☐ other measures (amend zoning ordinances, add environmental regulations,	formally adopted, indicate when each of the etc. affected local governments will adopt them.
If "other measures" was checked, describe these measures:	35 Barrier and March
3. Summarize the process that will be used to resolve disputes when a county dis areas to be annexed into a city. If the conflict resolution process will vary for The County and Cities each adopted the same process. The City will ne rezoning. The County has 14 working days to respond. If there is no old bona fide objection, the city may seek a declaratory judgement in Court	different cities in the county, summarize each process. otify the county of proposed annexation or bjection, they may proceed. If the county has a or initiate a mediation process.
4. What policies, procedures and/or processes have been established by local go that new extraterritorial water and sewer service will be consistent with all applica- tion.	overnments (and water and sewer authorities) to ensure cable land use plans and ordinances?
If a city did wish to provide extraterritorial water and sewer service, the have to be consistent with land use plans, as defined in the Joint Compresent agreement of the proposal before the City would proceed.	y would notify the county. The proposal would rehensive Plan. The City and County would
5. Person completing form: Joanne Strange	
Phone number: 912-864-3388 Date completed:	4/6/99
5. Is this the person who should be contacted by state agencies when evaluating v consistent with land use plans of applicable jurisdictions? Yes No	whether proposed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	

PAGE 4

SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR Johnson 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 (2));
- 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)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Billy Churcle	Billy C. Dudley	Commission Chairman	Johnson County	
Phinip Bratuif	Phillip Boatright	Mayor	Wrightsville	
Einest Danne	Ernest Garnto, Jr.	Mayor	Kite	
Billy Duale Diving Brainfi Einest Bants Jol Lundl	Joe Lumley	Mayor	Adrian	
/				

JOHNSON COUNTY WRIGHTSVILLE, KITE, ADRIAN RESOLUTION OF ADOPTION

Whereas, Johnson County and the cities of Wrightsville, Kite and Adrian have reached an agreement on a Service Delivery Strategy, and

Whereas, this Service Delivery Strategy has been prepared for transmittal to the the Georgia Department of Community Affairs,

NOW THEREFORE BE IT RESOLVED, that Johnson County, Wrightsville, Kite, and Adrian do hereby adopt the Service Delivery Strategy as per the requirements of O.C.G.A 36-70-21, 36-70-25.

Adopted this 10th day of May, 1999.

Billy C. Dudley, Commission Chairman

Phillip Boatright, Mayor of Wrightsville

Ernest Garnto, Jr., Mayor of Kite

Joe Lumley, Mayor of Adrian

ATTEST:

Joanne Strange, County Administrator