

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Johnson

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

- 1. 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 strategy.
- 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 Tires
Code Enforcement/Building Inspection
Cooperative Extension
DFACS
Emergency Management
See Atttached Sheet

Judicial Courts
Law Enforcement
Public Health
Recreation
Road and Street Maintenance
Senior Citizen Center

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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.

Emergency Medical Services Fire Protection Indigent Defense Jail Sewage Collection/Disposal Solid Waste Management Water Supply



PAGE 2

Instructions:

County: Johnson	S	ervice: _	Cemeteries
1. Check the box that best describe	es the agreed upon delivery arra	ngement	for this service:
☐ Service will be provided cour checked, identify the govern	ntywide (i.e., including all cities ment, authority or organization p	and unit	acorporated areas) by a single service provider. (If this box is a the service.)
 Service will be provided only identify the government, auth 	in the unincorporated portion on ority or organization providing	f the cou the servi	anty by a single service provider. (If this box is checked, ce.)
One or more cities will provide unincorporated areas. (If this	de this service only within their ibox is checked, identify the gov	incorpor ernment	ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or more cities will proviounincorporated areas. (If this	de this service only within their i box is checked, identify the gov	incorpor ernment	ated boundaries, and the county will provide the service in (s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineati er organization that will provide	ing the s	ervice area of each service provider, and identify the within each service area.)
2. In developing the strategy, were ☐ Yes ② No	overlapping service areas, unne	ecessary	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)	G.A. 36-70-24(1)), overriding be	lanation enefits of	for continuing the arrangement (i.e., overlapping but 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 asible party and the agreed upon	implen deadline	nentation schedule listing each step or action that will be e for completing it.
3. List each government or authori funds, user fees, general funds, indebtedness, etc.).	ty that will help to pay for this s special service district revenues,	ervice an hotel/m	nd indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Wrightsville	General Fund & Lot Sales		
Kite	General Fund	775	
4. How will the strategy change the	e previous arrangements for pro	viding ar	nd/or funding this service within the county?
Kite Cemetery is full and will	no longer be selling lots.		
			2

A A Nomes	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting 1 artics.	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang 7. Person completing form: Douglas	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang 7. Person completing form: Douglas Phone number: (478) 864-3388	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang 7. Person completing form: Douglas Phone number: (478) 864-3388	R. Eaves Date completed: 4/1/20 tacted by state agencies when evaluating whether	004

PAGE 2

Instructions:

County: Johnson	Service: Code Enforcement/Scrap Tires
	es the agreed upon delivery arrangement for this service:
Service will be provided coun checked, identify the government	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.)
 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, nority 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 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, government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue up	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 assible 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:
Johnson County	General Fund/State Grants
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		The second secon
. What other mechanisms (if any) will be t	sed to implement the strategy for this service (s.g., Ordinances, resolutions, local acts of
C I A l-l for shomons o		
General Assembly, rate or fee changes, e	tc.), and when will they take effect?	Start Shift
		AND A SECOND OF THE PARTY OF TH
Solid Waste and Scrap Tire Ordiance		Section of the sectio
Solid Waste and Scrap Tire Ordiance	August, 2002	
Solid Waste and Scrap Tire Ordiance A	August, 2002	
Solid Waste and Scrap Tire Ordiance A 7. Person completing form: Douglas R. E Phone number: (478) 864-3388	aves Date completed: 4/1/2004	
Solid Waste and Scrap Tire Ordiance A 7. Person completing form: Douglas R. E Phone number: (478) 864-3388	Date completed: 4/1/2004	

PAGE 2

Instructions:

County: Johnson	Service: Code Enforcement/Building Insp
	s the agreed upon delivery arrangement for this service:
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.)
identify the government, authorized	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
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?
higher levels of service (See O.C.C competition cannot be eliminated).	
taken to eliminate them, the respon	red under the strategy, attach an implementation schedule listing each step or action that will be as its party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, s 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:
Wrightsville	General Fund/User Fees
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	There is the about the province	
	tc.), and when will they take effect?	to the management of the fact of
7. Person completing form: Douglas R. E		
7. Person completing form: Douglas R. E Phone number: (478) 864-3388		
	Eaves Date completed: 4/1/200 d by state agencies when evaluating whether p	4



PAGE 2

Instructions:

County: Johnson	Service: Cooperative Extension
	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 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.)
	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 other).	, 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?
	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 .
	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.
	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/University of Georgia
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:
		Management of the security as a second
 What other mechanisms (if any) General Assembly, rate or fee ch 	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
7. Person completing form: Doug	ılas R. Eaves	
7. Person completing form: Doug Phone number: (478) 864-338	111100	04



PAGE 2

Instructions:

County: Johnson		Service:	Emergency Management
1. Check the box that best describe	es the agreed upon delivery arr	rangement	for this service:
Service will be provided cour checked, identify the governr	ntywide (i.e., including all cities ment, authority or organization	s and unit providing	acorporated areas) by a single service provider. (If this box is g the service.)
☐ Service will be provided only identify the government, auth	v in the unincorporated portion nority or organization providing	of the cou	unty by a single service provider. (If this box is checked, ice.)
☐ One or more cities will provid unincorporated areas. (If this	le this service only within their box is checked, identify the go	r incorpor overnment	ated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
☐ One or more cities will provid unincorporated areas. (If this	le this service only within their box is checked, identify the go	r incorpor overnmen	ated boundaries, and the county will provide the service in t(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or oth	, attach a legible map delinea ner organization that will provid	ating the s de service	service area of each service provider, and identify the within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unr	necessary	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).	G.A. 36-70-24(1)), overriding b	planation benefits o	a for continuing the arrangement (i.e., overlapping but f 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 ansible party and the agreed upo	an implen on deadlin	nentation schedule listing each step or action that will be e for completing it.
3. List each government or authori funds, user fees, general funds, sindebtedness, etc.).	ty that will help to pay for this special service district revenue	service and servic	nd indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Johnson County	General Fund		
	·	-i ding o	1/ - G Ji this source within the country?
4. How will the strategy change the	e previous arrangements for pro	OVIOING 21	nd/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee chang	be used to implement the strategy for this service (es, etc.), and when will they take effect?	
7. Person completing form: Douglas Phone number: (478) 864-3388		04



PAGE 2

Instructions:

County: Johnson	Service: Emergency Medical Services
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	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 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.)
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 eliminat 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.
3. List each government or authoric funds, user fees, general funds, sindebtedness, 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	General Fund/User Fees
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee char	nges, etc.), and when will they take effect?	
7. Person completing form: Dougle	ıs R. Eaves	
7. Person completing form: Dougla Phone number: (478) 864-3388	ns R. EavesDate completed: 4/1/200)4



PAGE 2

Instructions:

County: Johnson		Service:	Fire Protection
1. Check the box that best describes	s the agreed upon delivery arra	ingemen	at for this service:
☐ Service will be provided count checked, identify the governm	atywide (i.e., including all cities ment, authority or organization p	and uni providin	incorporated areas) by a single service provider. (If this box is ag the service.)
☐ Service will be provided only identify the government, authorized	in the unincorporated portion of ority or organization providing	of the cor the serv	ounty by a single service provider. (If this box is checked, vice.)
One or more cities will provide unincorporated areas. (If this	e this service only within their box is checked, identify the go	incorpor vernmen	orated boundaries, and the service will not be provided in nt(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this !	e this service only within their box is checked, identify the go	incorpor vernmen	orated boundaries, and the county will provide the service in nt(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	attach a legible map delineat er organization that will provide	ting the	service area of each service provider, and identify the e within each service area.)
2. In developing the strategy, were of Yes □ No	overlapping service areas, unne	ecessary	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).	3.A. 36-70-24(1)), overriding be	lanation enefits o	on for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach ar sible party and the agreed upor	n implen n deadlin	mentation schedule listing each step or action that will be ne for completing it.
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this special service district revenues	service a s, hotel/n	and indicate how the service will be funded (e.g., enterprise motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	1 3	
Johnson County	General Fund/ Grants		
Wrightsville	General Fund		
Kite	General Fund		
Adrian	General Fund		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			and/or funding this service within the county?

Agreement Name:	Contracting Part	ies:	Effective and Ending Dates:
6 What other mechanisms (Fany) will be used to implement the str	ategy for this service (e	.g., ordinances, resolutions, local acts of the
General Assembly, rate or	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate of	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate of	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate of	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate of	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate or	fee changes, etc.), and when will they t	ake effect?	
General Assembly, rate of 7. Person completing form: Phone number: (478) 86	fee changes, etc.), and when will they to	completed: 4/1/2004	



PAGE 2

Instructions:

County: Johnson	Service: Indigent Defense
	s the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the governm	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.)
 Service will be provided only identify the government, author 	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 provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	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 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 ☐ 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.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	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 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	General Fund
The state of the s	
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?
	7

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		A production of commences
		118 EU-2011 - HE-11-11 - HE-11-11
	tc.), and when will they take effect?	
	ling mechanism based upon action by th	e General Assembly
Special Note: Potential Change in fund	ing mechanism based upon action by th	e General Assembly
Special Note: Potential Change in fund	ing mechanism based upon action by th	
Special Note: Potential Change in fund 7. Person completing form: Douglas R. I Phone number: (478) 864-3388	Eaves Date completed: 4/1/20 d by state agencies when evaluating whether	04



PAGE 2

Instructions:

County: Johnson	Service: Jail
1. Check the box that best des	scribes the agreed upon delivery arrangement for this service:
Service will be provided checked, identify the government	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is vernment, authority or organization providing the service.)
☐ Service will be provided identify the government,	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
unincorporated areas. (If	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will p unincorporated areas. (It	provide this service only within their incorporated boundaries, and the county will provide the service in f this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is che	cked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will contin higher levels of service (See Competition cannot be eliminate	
If these conditions will be elintaken to eliminate them, the re	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
3 List each government or au	athority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise and, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authori	ity: Funding Method:
Johnson County	General Fund
Wrightsville	General Fund
4. How will the strategy chan	ge the previous arrangements for providing and/or funding this service within the county?

Agreement Name:		Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (General Assembly, rate of	if any) will be used to r fee changes, etc.), a	 o implement the strategy for this servic and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
7. Person completing form:	Douglas R. Eave		
7. Person completing form: Phone number: (478) 86		sDate completed: 4/1/20	104

PAGE 2

Instructions:

County: Johnson	Service: Judicial/Courts
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
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.)
 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, 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 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.)
-	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C.C competition cannot be eliminated).	
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:
Johnson County	General Fund
Superior & Juvenile	General Fund as part of Jud. Circuit
Probate & Magistrate	General Fund
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ALC CHEST AND THE COURT OF THE	
5. What other mechanisms (if any) will be	used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of t
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
General Assembly, rate or fee changes	etc.), and when will they take effect?	
	etc.), and when will they take effect?	
General Assembly, rate or fee changes 7. Person completing form: Douglas R	etc.), and when will they take effect? Eaves	
	etc.), and when will they take effect?	
7. Person completing form: Douglas R Phone number: (478) 864-3388	Eaves Date completed: 4/1/2004	
7. Person completing form: Douglas R Phone number: (478) 864-3388	Eaves Date completed: 4/1/2004 ted by state agencies when evaluating whether pr	



PAGE 2

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 count 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, authorized	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	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	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 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
taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be as it is 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	General Fund
Wrightsville	General Fund
Kite	General Fund
Adrian	General Fund
4. How will the strategy change th	te previous arrangements for providing and/or funding this service within the county?
4.	
2	*
a	
1	

service:		1. T. 1. D.
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Dispatch Services	Johnson County/ Wrightsville	Eff: 4/9/99 Open End
Kite Law Contract (Attached)	Johnson County/ Kite	Eff: January 2004
6 What other mechanisms (if any) will be u		
General Assembly, rate or fee changes, e Johnson County will provide dispatch s (salary and benefits) as computed ann	ervices to the City of Wrightsville for a fee equally from an average cost basis.	
General Assembly, rate or fee changes, e Johnson County will provide dispatch s (salary and benefits) as computed annual 7. Person completing form: Douglas R. E	tc.), and when will they take effect? ervices to the City of Wrightsville for a fee equally from an average cost basis. Eaves	
General Assembly, rate or fee changes, e Johnson County will provide dispatch s (salary and benefits) as computed ann	tc.), and when will they take effect? ervices to the City of Wrightsville for a fee equally from an average cost basis.	
General Assembly, rate or fee changes, e Johnson County will provide dispatch s (salary and benefits) as computed annual 7. Person completing form: Douglas R. E Phone number: (478) 864-3388	tc.), and when will they take effect? ervices to the City of Wrightsville for a fee equally from an average cost basis. Eaves Date completed: 4/1/2004 d by state agencies when evaluating whether propo	al to the cost of one dispatcher



PAGE 2

Instructions:

County: Johnson	Service: Public Health
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	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 provide unincorporated areas. (If this	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.)
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.)
☐ 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 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 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	General Fund/User Fees
•	
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:

5. What other mechanisms (if any) will	be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of t
General Assembly, rate of ree chang	es, etc.), and when will they take effect?	
General Assembly, rate of fee chang	es, etc.), and when will they take effect?	
General Assembly, rate of rec chang	es, etc.), and when will they take effect?	
General Assembly, rate of recentaring		
7. Person completing form: Douglas	R. Eaves	
7. Person completing form: Douglas Phone number: (478) 864-3388	R. Eaves Date completed: 4/1/20 tacted by state agencies when evaluating whether	04



PAGE 2

Instructions:

County: Johnson	Service: Recreation
1. Check the box that best describe	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, auth	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 provid 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, government, authority, or oth	, 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 a
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 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:
Johnson County	General Fund
Wrightsville	General Fund
Kite	General Fund
4 TT	e previous arrangements for providing and/or funding this service within the county?
None- Kite will continue to ma	aintain a limited recreation program utilizing city ballfields and volunteer coaches
Previous SDS did not note a Level of conflict is minimum a	n overlap of serice areas with the city of Kite and the Joint County Recreation Program. aand would be covered under a higher level of service for the Kite area.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) w General Assembly, rate or fee cha	rill be used to implement the strategy for this service nges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
7. Person completing form: Dougle	as R. Eaves	
7. Person completing form: Dougle	414100	04



PAGE 2

Instructions:

County: Johnson	Service: Roads and Street Maintenance
	pes the agreed upon delivery arrangement for this service:
 Service will be provided cou checked, identify the govern 	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ament, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	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 unincorporated areas. (If this	ide 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 government, authority, or of	d, attach a legible map delineating the service area of each service provider, and identify the there organization that will provide service within each service area.)
2. In developing the strategy, were ✓ Yes □ No	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue to higher levels of service (See O.C. competition cannot be eliminated)	under 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 l).
If these conditions will be eliminate taken to eliminate them, the response	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	rity 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
Wrightsville	General Fund
Kite	General Fund
Adrian	General Fund
4. How will the strategy change the	he previous arrangements for providing and/or funding this service within the county?
Previous SDS did not note a to assist the muncipalities into performed within the incorpo	an averlap in services but did attach a notice of continuation. Johnson County will continue the maintenance of dirt streets. Municipalities will maintain insurance and liability for work prated arreas.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	AND STREET STREET AND ADDRESS OF THE STREET	
(if any)	will be used to implement the strategy for this service (and ordinances resolutions local acts of the
5. What other mechanisms (u any)	will be used to implement the strategy for this service,	e.g., ordinances, resolutions, recar acts e
	when will they take affect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
General Assembly, rate or fee cr	anges, etc.), and when will they take effect?	
7. Person completing form: Doug Phone number: (478) 864-338	ılas R. Eaves	
7. Person completing form: Doug	ilas R. Eaves 8Date completed: 4/1/200	
7. Person completing form: Doug	plas R. Eaves B Date completed: 4/1/200- contacted by state agencies when evaluating whether p	



PAGE 2

Instructions:

County: Johnson		Service: Senior Citizens C	enter
1. Check the box that best describes	s the agreed upon delivery arra	angement for this service:	
Service will be provided count checked, identify the governm	tywide (i.e., including all cities nent, authority or organization	s and unincorporated areas) b providing the service.)	y a single service provider. (If this box is
☐ Service will be provided only identify the government, author	in the unincorporated portion ority or organization providing	of the county by a single serv g the service.)	ice provider. (If this box is checked,
☐ One or more cities will provid unincorporated areas. (If this !	e this service only within their box is checked, identify the go	incorporated boundaries, and overnment(s), authority or org	d the service will not be provided in anization providing the service.)
☐ One or more cities will provid unincorporated areas. (If this !	e this service only within their box is checked, identify the go	incorporated boundaries, and overnment(s), authority or org	d the county will provide the service in anization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delinea er organization that will provid	ting the service area of each	a service provider, and identify the area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unn	necessary competition and/or of	duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	G.A. 36-70-24(1)), overriding b	planation for continuing the penefits of the duplication, or	e arrangement (i.e., overlapping but reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach a sible party and the agreed upo	n implementation schedule n deadline for completing it.	listing each step or action that will be
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	ry that will help to pay for this special service district revenue.	service and indicate how the s, hotel/motel taxes, franchise	service will be funded (e.g., enterprise e taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		A Comment
Johnson County	General Fund		

4. How will the strategy change the	previous arrangements for pro	oviding and/or funding this se	rvice within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: Douglas	R. Eaves	A
Phone number: (478) 864-3388	R. Eaves Date completed: 4/1/200 tacted by state agencies when evaluating whether p	



PAGE 2

Instructions:

County: Johnson	Service: Sewage Collection/Disposal
	s the agreed upon delivery arrangement for this service:
 Service will be provided count checked, identify the government 	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.)
 Service will be provided only identify the government, author 	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 provide unincorporated areas. (If this be	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 leads to the companies of	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 organization that will provide service within each service area.)
☐ Yes ② No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
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 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:
Wrightsville	General Fund/Revenues
	1/ C 1/ di
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee char	ill be used to implement the strategy for this service nges, etc.), and when will they take effect?	(c.g., ordinances, resolutions, local access a
General Assembly, rate or fee char	nges, etc.), and when will they take effect?	(C.g., ordinances, resolutions, result access of a
7. Person completing form: Dougla	nges, etc.), and when will they take effect?	



PAGE 2

Instructions:

County: Johnson	Service: Solid Waste Management
1. Check the box that best de	escribes the agreed upon delivery arrangement for this service:
☐ Service will be provide checked, identify the g	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is overnment, authority or organization providing the service.)
☐ Service will be provide identify the government	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, at, authority or organization providing the service.)
One or more cities will unincorporated areas. (provide this service only within their incorporated boundaries, and the service will not be provided in If this box is checked, identify the government(s), authority or organization providing the service.)
✓ One or more cities will unincorporated areas. (provide this service only within their incorporated boundaries, and the county will provide the service in If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is ch government, authority,	ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy ✓ Yes □ No	, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will cont higher levels of service (See competition cannot be elimi	inue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or nated).
If these conditions will be el taken to eliminate them, the	liminated under the strategy, attach an implementation schedule listing each step or action that will be responsible party and the agreed upon deadline for completing it.
3. List each government or a funds, user fees, general indebtedness, etc.).	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	ority: Funding Method:
Johnson County	Insurance Premium Fees and General Fund
Wrightsville	General Fund
Kite	General Fund
Adrian	General Fund
4. How will the strategy cha	nge the previous arrangements for providing and/or funding this service within the county?
	er provide solid waste disposal for the city of Kite.
The county will no long	in provide della videta dispersione disper

A amount Nomes	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting 1 acties.	
* * * * * * * * * * * * * * * * * * * *		
General Assembly, rate or fee char	Il be used to implement the strategy for this service (or ges, etc.), and when will they take effect? ap Tire and Trash Orrdinance August 2002	
General Assembly, rate or fee char Johnson County Solid Waste, Sc	ges, etc.), and when will they take effect? ap Tire and Trash Orrdinance August 2002	
General Assembly, rate or fee char Johnson County Solid Waste, Sc	ges, etc.), and when will they take effect? ap Tire and Trash Orrdinance August 2002	
General Assembly, rate or fee char Johnson County Solid Waste, Sc 7. Person completing form: Dougla Phone number: (478) 864-3388	ges, etc.), and when will they take effect? ap Tire and Trash Orrdinance August 2002 s R. Eaves	

Solid Waste Management

Johnson County will maintain 55 dumpsters at 11 sites in the unincorporated area of the county. We will also maintain a convenience center for collection of construction debris, trash, lawn trimmings and metals for the county.

Wrightsville and Kite provide for garbage pick-up and solid waste disposal within their incorporated area. (Higher level of service)



PAGE 2

Instructions:

County: Johnson	Service: Water Supply
	the agreed upon delivery arrangement for this service:
☐ Service will be provided count checked, identify the government	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.)
☐ Service will be provided only i identify the government, autho	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 rorganization 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 sible party and the agreed upon deadline for completing it.
 List each government or authority funds, user fees, general funds, sy 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
	Funding Method:
Vrightsville	General Fund/User Fees
Cite	General Fund/User Fees
Adrian	General Fund/User Fees
4. How will the strategy change the	previous arrangements for providing and/or funding this service within the county?

service:		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes,	etc.), and when will they take effect?	
7. Person completing form: Douglas R.	Eaves	
7. Person completing form: Douglas R. Phone number: (478) 864-3388	Eaves Date completed: 4/1/20	04
Phone number: (478) 864-3388	Date completed: 4/1/20	
Phone number: (478) 864-3388 8. Is this the person who should be contact	Date completed: 4/1/20/ ted by state agencies when evaluating whether tegy? ✓ Yes □ No	





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.

Department of Community Arians.		
County: Johnson		
1. What incompatibilities or conflicts between the lasservice delivery strategy?		
There were no incompatibilities or conflicts to development of the service delivery strategy Comprehensive Plan in 1994 and are in the comprehensive plan with Emanuel County.	 Johnson County, Wrightsvi process of updating the Con 	ille and Kite developed a Joint nprehensive plan in 2004. Adrian is part of a
2. Check the boxes indicating how these incompatibi	ilities or conflicts were addresse	ed:
☐ amendments to existing comprehensive plans ☐ adoption of a joint comprehensive plan ☐ other measures (amend zoning ordinances, add	environmental regulations, etc.	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these mea		
3. Summarize the process that will be used to resolve areas to be annexed into a city. If the conflict resolve The city will notify the county of any proposed there is no objection, the city may proceed. If the judgement in a court of competent jurisdiction	plution process will vary for diffunction annexation or rezoning. The the county has a bona fide of	ferent cities in the county, summarize each proce County has 14 working days to respond. If bjection the city may pursue a declaratory
areas to be annexed into a city. If the conflict resormer is no objection, the city may proceed. If the judgement in a court of competent jurisdiction 4. What policies, procedures and/or processes have	plution process will vary for difficient annexation or rezoning. The the county has a bona fide of or initiate a mediation process been established by local government.	ferent cities in the county, summarize each proce County has 14 working days to respond. If bjection the city may pursue a declaratory ss. nments (and water and sewer authorities) to ensu
areas to be annexed into a city. If the conflict resormer the city will notify the county of any proposed there is no objection, the city may proceed. If the judgement in a court of competent jurisdiction what policies, procedures and/or processes have	plution process will vary for difficient annexation or rezoning. The the county has a bona fide of or initiate a mediation process been established by local government.	ferent cities in the county, summarize each procest County has 14 working days to respond. If objection the city may pursue a declaratory ss.
areas to be annexed into a city. If the conflict resormer the city will notify the county of any proposed there is no objection, the city may proceed. If the judgement in a court of competent jurisdiction what policies, procedures and/or processes have	plution process will vary for difficient annexation or rezoning. The the county has a bona fide of or initiate a mediation process been established by local government.	ferent cities in the county, summarize each procest County has 14 working days to respond. If objection the city may pursue a declaratory ss.
The city will notify the county of any proposed there is no objection, the city may proceed. If t	plution process will vary for difficient annexation or rezoning. The the county has a bona fide of or initiate a mediation process been established by local government.	ferent cities in the county, summarize each proces. County has 14 working days to respond. If objection the city may pursue a declaratory ss. Inments (and water and sewer authorities) to ensure land use plans and ordinances?

strategy for this service (e.g., ordinances, resolutions, local acts of the y take effect?
y take effect?
y take effect?
y take effect?
ate completed: 4/1/2004
9



SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

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)); and
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
In Imcof	James L. McAfee	Chairman	County Commission	4/5/04
Will's Should	Willis Wombles	Mayor	Wrightsville	
July Mahala Willie Mahala R. Mann	Richard Newsome	Mayor	Kite	_
K Sam	Joe Lumley	Mayor	Adrian	
			2	540
	1.2			
	*	2		
		4.0		17
				=
	W	527		

SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION

The Cities of <u>Wrightsville</u>, <u>Kite</u>, <u>Adrian</u> and <u>Johnson</u> County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

- 1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification (if applicable) of the property upon annexation.
- Within 14 working days following receipt of the above information, the County will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).
- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s) the city will respond to the county in writing within 14 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.

- 5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
- 6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

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