### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



### SERVICE DELIVERY STRATEGY

FOR	LANIER	COUNTY	PAGE 1
I UIV		COUNTI	

### 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.
  - 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.

Lanier County City of Lakeland Development Authority of Lanier County Housing Authority of the City of Lakeland, Georgia

### 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.

SEE ATTACHED INVENTORY OF EXISTING
SERVICES FOR LANIER COUNTY AND THE
CITY OF LAKELAND
AND
DCA SUMMARY OF SERVICE DELIVERY
ARRANGEMENTS (P.2) FOR EACH

SERVICE

Verified

Should be revised to include "Sheritt" srow

## EXISTING SERVICES of LANIER COUNTY as of January 1, 1998

Name or type of Service	Description of proposed service	Producer of Service	Service Area	Funding Source(s)
Animal Control	Pick up stray animals	County staff	County-wide	GF
Code Enforcement	Building Codes, Subdivision Ordinance	Private Sector Contract	County-wide	Fee based
Economic Development	Prospect for jobs, prepare financial packages	Industrial Development Authority	County-wide	GF
Indigent Defense	Provide legal aid	County staff	County-wide	GF
Park & Recreation	Provision & Maintenance of park sites	Park and Recreation Board	County-wide	GF
Planning	Implement "Greater Lanier Comp. Plan"	Lakeland / Lanier Co. Planning Adv. Commission	County-wide	GF
Emergency Management	Implement Emerg. Management Plan	County staff	County-wide	GF
Emergency Medical Service	Rescue and medical ser. & ambulances	Private Sector Contract	County-wide	Fees, GF

Fire Protection	Structural & other fires	Lakeland/ Lanier Co. Fire Department	County-wide	GF
Jail	Incarceration	Sheriff Dept.	County-wide	GF
Library	Books	Joint Library Board	County-wide	GF
Public Works	Street cleaning & mowing	County Road Department	County-wide	GF
Road Maintenance	Grading and paving, repair	County Road Department	County-wide	GF
Solid Waste Management	Green boxes & disposal	Private sector Contract	Unincor. area	GF
Social Services	AFDC, Senior services	County staff	County-wide	GF
Public Health	Education, Screenings, Diagnostic svc, Env. Health	County and State staff	County-wide	GF

\* abbreviations: GF = General Fund; Unincor. = Unincorporated

## EXISTING SERVICES - CITY OF LAKELAND as of January 1, 1998

Name or type of Service	Description of Service	Producer of Service	Service Area	Funding Source(s)
Animal Control	Pick up strays	City staff	County-wide	GF, fees
Cemeteries	Maintenance	City staff	Municipal	GF
Code Enforcement	Building Codes Zoning	Private Contract	Municipal	Fees, GF
Court	City court	City staff	Municipal	GF, fines
Economic Development	Prospect for jobs, prepare financial packages	Industrial Development Authority	County-wide	GF
Emergency Management	Implement Emer. Management plan	County staff	County-wide	Co. GF
Fire Protection	Structural & other fires	Lakeland/ Lanier Co. Fire Dept.	County-wide	GF
Jail	Incarceration	Lanier Co.	County-wide	GF
Library	Books	Joint Library Board	County-wide	GF
Parks and Recreation	Ballfields & Pavilion	Joint Park & Rec. Board	County-wide	GF
Planning	Implement City Comp. Plan	Lakeland/ Lanier Co. PAC	County-wide	GF
Public Housing	Low income housing	Lakeland Housing Authority	Municipal	GF
Public Works	Street cleaning trimming, mowing	City staff, Inmates	Municipal	GF
Sanitary sewer collection & treatment	Pipes, pumps, pond, wetlands treatment	City staff	Municipal	User fees

Solid Waste Management	Curbside Collection	City staff	Municipal	User fees GF
Storm Water Management	Storm drains	City staff	Municipal	GF
Water Supply, Treatment & Distribution	Operate two water wells & storage tanks	City staff	Municipal	User fees

\* abbreviations: GF= General Fund

# 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, thi
should be reported to the Department of Community Affairs.

ounty: LANIER	Service:ANIMAL CONTROL
	cribes the agreed upon delivery arrangement for this service:
Service will be provided is checked, identify the	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this becovernment, authority or organization providing the service.)
	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will punincorporated areas. (I	provide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will unincorporated areas. (I City of Lakeland Lanier County	provide this service only within their incorporated boundaries, and the county will provide the service 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.)
2. In developing the strategy  ☐ yes	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area ninated).
If these conditions will be eli	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.
	uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterpri is, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedne
ocal Government or Authority:	Funding Method:
City of Lakeland	General Fund, Fees
Lanier County	General Fund
No change in stra	rige the previous arrangements for providing and/or funding this service within the county?  egy.  livery agreements or intergovernmental contracts that will be used to implement the strategy for this service within the county?  Effective and Ending Dates:
None	
	(if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect?
7. Person completing form	Mike Morgan 2/19/99
Phone number: (912)	
are consistent with the serv	ould be contacted by state agencies when evaluating whether proposed local government projects ce delivery strategy?   yes   no Virgil Moore, County Commission Chair county person(s) and phone number(s) below:  Lanier County (912) 482-2088
Kathy Creed, Mayor,	City of Lakeland (912) 482-3100

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Make copies of this form and complete one for each service liste	ed 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	A STATE OF THE STA

County: LANIER	Service:	CODE ENFORCEMENT	
. Check the box that best des	cribes the agreed upon delivery arrangement	ent for this service:	
	f countywide (i.e., including all cities and government, authority or organization pro	unincorporated areas) by a single service provi viding the service.)	ider. (If this box
	only in the unincorporated portion of the authority or organization providing the se	county by a single service provider. (If this bo ervice.)	x is checked,
		porated boundaries, and the service will not be nent(s), authority or organization providing the	
The state of the s	f this box is checked, identify the government	porated boundaries, and the county will providently authority or organization providing the	
Other. (If this box is che	ecked, attach a legible map delineating to or other organization that will provide serv	he service area of each service provider, and vice within each service area.)	d identify the
<ol> <li>In developing the strategy</li> <li>yes</li></ol>	, were overlapping service areas, unnecess	ary competition and/or duplication of this serv	ice identified?
	O.C.G.A. 36-70-24(1)), overriding benefit	tion for continuing the arrangement (i.e., over s of the duplication, or reasons that overlapping	
	minated under the strategy, attach an impresponsible party and the agreed upon dead	lementation schedule listing each step or action of the step of action of action of the step of action of acti	on that will be
		ce and indicate how the service will be funded motel taxes, franchise taxes, impact fees, bonde	
Local Government or Authority:	Funding Method:		
City of Lakeland	General Fund		
Lanier County	Fee Based		
No change in strat	egy.	ontracts that will be used to implement the strate	
None			
6. What other mechanisms General Assembly, rate or for None necessary	(if any) will be used to implement the strate changes, etc.), and when will they take of	egy for this service (e.g., ordinances, resolution effect?	ns, local acts of the
7. Person completing form:			
Phone number: (912) 3		•	
are consistent with the servi If not, provide designated of	ould be contacted by state agencies when one delivery strategy?  yes  no ontact person(s) and phone number(s) below. City of Lakeland (912) 482	Lanter Country (312) 402-2006	sion Chairma

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## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



	LER		Service:	ECONOMIC DEVELO	PMENT	
Lneck the box	that best describ	es the agreed upor	n delivery arrangem	ent for this service:		
is checked,	identify the gov	ernment, authority	or organization pro	viding the service.)	a single service provide:	(If this
Service wil	Il be provided on	ly in the unincorpo	Industrial Devorated portion of the ation providing the s	elopment Authorit county by a single service ervice.)	cy ce provider. (If this box is	checked
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Other. (If governme	this box is check ent, authority, or	ked, attach a legib other organization	le map delineating that will provide se	the service area of each vice within each service	service provider, and ide area.)	entify th
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igher levels o	ons will continue f service (See O. cannot be elimin	C.G.A. 36-70-24(1	y, attach an explan l)), overriding benef	ation for continuing the its of the duplication, or	e arrangement (i.e., over) reasons that overlapping so	apping lervice ar
				plementation schedule adline for completing it.	listing each step or action	that will
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		,			al Fund	
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No chang  5. List any fo	e in strate	ву.	r intergovernmental		d to implement the strate ;	y for thi
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5. List any fo Agreement Nam None  6. What other	er mechanisms (i	very agreements o	r intergovernmental Contracting Parties:	contracts that will be use	d to implement the strate ;	y for thi
5. List any fo Agreement Nam None  6. What othe General Asse None nece	er mechanisms (iembly, rate or fee	very agreements of any) will be used a changes, etc.), an	r intergovernmental Contracting Parties:  I to implement the st d when will they tal	contracts that will be use rategy for this service (e.	d to implement the strate g Effective and I	y for thi
5. List any for Agreement Name None None None 7. Person co	er mechanisms (iembly, rate or feeesary	very agreements of any) will be used to changes, etc.), an Mike Morga	to implement the std when will they take	contracts that will be use rategy for this service (e. e effect?	d to implement the strate g Effective and I	y for thi

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:	
Answer each question be	n and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1, ow, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this Department of Community Affairs.

ounty: LANIER		Service:	ECONOMIC DEVELO	PMENT
Check the box that best	t describes the agreed upo	n delivery arrangemen	for this service:	
	rided countywide (i.e., inc the government, authority			a single service provider. (If this b
Service will be prov	and/Lanier County rided only in the unincorp nent, authority or organiza	orated portion of the co	ounty by a single service	y e provider. (If this box is checked,
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. In developing the strat  ☐ yes  ☒ no	tegy, were overlapping ser	rvice areas, unnecessar	y competition and/or du	plication of this service identified
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f these conditions will be				ting each step or action that will be
				ervice will be funded (e.g., enterpri es, impact fees, bonded indebtedne
ocal Government or Authority	y: Funding Method:			
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		Lanier Co	ounty General	Fund
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No change in str	change the previous arran	. Providing	and of funding this ser	vice widin the county?
5. List any formal servic	e delivery agreements or i	intergovernmental contracting Parties:	racts that will be used to	o implement the strategy for this se Effective and Ending Dates:
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6. What other mechanis General Assembly, rate None necessary	ems (if any) will be used to or fee changes, etc.), and	o implement the strateg when will they take effor	y for this service (e.g., ect?	ordinances, resolutions, local acts of
				<b>Y</b> • • • •
7. Person completing fo	orm: Mike Morgan			
Phone number: (912)	) 333-5277	Date completed: _	2/19/99	
are consistent with the s If not, provide designate	o should be contacted by service delivery strategy? ed contact person(s) and p yor, City of Lake	yes no hone number(s) below:	Virgil Moore, Lanier County	ced local government projects County Commission Chair (912) 482-2088

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Make copies of this form and complete one for each service liste	ed 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:	LANIER		Service:	INDIGENT DEFI	ENSE
1. Check the box	that best describe	es the agreed upo	n delivery arrangement for	this service:	
	identify the gove		luding all cities and uninco or organization providing		service provider. (If this box
☐ Service will	l be provided only		orated portion of the county		der. (If this box is checked,
			nly within their incorporate identify the government(s)		
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2. In developing  ☐ yes ☒ n		e overlapping ser	vice areas, unnecessary co	mpetition and/or duplication	on of this service identified?
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If these condition	ns will be elimina	ited under the stra	ategy, <b>attach an impl</b> emen the agreed upon deadline fo		ch step or action that will be
					vill be funded (e.g., enterprise act fees, bonded indebtedness, e
Local Government	or Authority: Pur	nding Method:			
Lanier Cou	nty	General Fur	nd		
	strategy change		gements for providing and	or funding this service wi	thin the county?
5. List any form Agreement Name:	al service deliver	y agreements or i	. ntergovernmental contracts Contracting Parties:	s that will be used to imple	ment the strategy for this servic Effective and Ending Dates:
None					
		->			
6. What other r General Assem	bly, rate or fee ch	y) will be used to anges, etc.), and	implement the strategy fo when will they take effect?	r this service (e.g., ordinan	ces, resolutions, local acts of the
		Miles Man	0.20		
7. Person comp Phone number:		Mike Mor	Date completed:	2-19-99	
8. Is this the po	erson who should with the service de	be contacted by selivery strategy?	state agencies when evalual yes \sum no ` hone number(s) below:		d government projects
-			Chairman (912) 4	82-2088	

# SERVICE DELIVERY STRATEGY



6		SUMMARY OF SEI	ALCE DELIVER	ARRANGEMENTS	PAG
	Answer each question b	orm and complete one for e- elow, attaching additional page e Department of Community	es as necessary. If the co	ge 1, Section III. Use exactly neact person for this service (lis	the same service name; listed on a ted at the bottom of the page) change
unty:	LANIER	1	Service:	PARKS AND F	RECREATION
Check the	box that best describ	es the agreed upon deli-	very arrangement for		
		untywide (i.e., including ernment, authority or or			gle service provider. (If this b
☐ Service	will be provided on	of Lakeland Park ly in the unincorporated thority or organization [	portion of the count	ty by a single service pro-	vider. (If this box is checked
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3. List each	h government or aud fees, general funds,		ay for this service ar	id indicate how the service	te will be funded (e.g., enterp impact fees, bonded indebted
Park a	nd Recreation	City of Lakel	and - Gener	al Fund	
Board		Lanier County		al Fund	
					****
	ill the strategy chang		ents for providing a	nd/or funding this service	within the county!
				cts that will be used to in	nplement the strategy for this
Agreement		Con	racting Parties:		Effective and Ending Date
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6. What	other mechanisms (i	f any) will be used to im	plement the strategy	for this service (e.g., ord	inances resolution: local ac
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	necessary	changes, etc.), and whe	n will they take effe	ct?	manees, resolutions, rocal at

" a ceson completing form. Titke norga	11		
Phone number:(912) 333-5277	Date completed:	2-19-99	
8. Is this the person who should be contacted by a are consistent with the service delivery strategy?	tate agencies when evaluat	ing whether proposed local governm	ent projects
If not, provide designated contact person(s) and p	hone number(s) below:	(912) 482-2088	on mairman

Kathy Creed, Mayor, City of Lakeland (912) 482-3100

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Make copies of this form and complete one for each service liste-	d 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, thi
should be reported to the Department of Community Affairs.	

County:	LANIER		Service:	PARKS AND RE	ECREATION /
. Check the	box that best descri	bes the agreed upon de	elivery arrangement for th	nis service:	
is check Lanie Service	ked, identify the gov r County/City will be provided on	vernment, authority or of Lakeland Par ally in the unincorporat	organization providing the	ne service.)	der. (If this box is checked,
☐ One or	more cities will pro	vide this service only			rice will not be provided in providing the service.)
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2. In develo		ere overlapping servic	e areas, unnecessary com	petition and/or duplication	on of this service identified?
If these cond higher levels	ditions will continue	C.G.A. 36-70-24(1)), c			ement (i.e., overlapping but hat overlapping service areas
			y, attach an implements agreed upon deadline for		ch step or action that will be
					vill be funded (e.g., enterprise act fees, bonded indebtedness, et
Local Governm	ent or Authority: F	unding Method:			
Park an	d Recreation	City of Lake	land - General	Fund	
Board		Lanier County			
No char	ige in strategy	y. ery agreements or inte	ments for providing and/o		ement the strategy for this service  Effective and Ending Dates:
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		1		,	
		Mike Morgan			
			Date completed:		
are consists If not, prov	ent with the service or vide designated control	delivery strategy? [act person(s) and phon	e agencies when evaluating yes \( \omega\) no \( \omega\) Virgil to number(s) below:  1 \( (912)  482-3100	Moore, County C (912) 482-2	ommission Chairman

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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions

	1		
Make copies of this form and complete one for each	service listed on page 1, Section	III. Use exactly the same servi	ce nan es listed on
Answer each question below, attaching additional pages	is necessary. If the contact person I	for this service (listed at the bottor	m of th : page) chang
should be reported to the Department of Community Affi			

inty: LA	NIER		Service:	PLANNING	
Check the box	that best describe	s the agreed upon de	livery arrangement for t	his service:	
is checked City of	, identify the gove Lakeland/Lan	rnment, authority or of ier County Plan	organization providing to nning Advisory Co	ommission	
Service wi identify th	Il be provided onle e government, aut	y in the unincorporate hority or organization	ed portion of the county providing the service.)	by a single service provider.	(If this box is checked
One or mo	re cities will prov rated areas. (If this	ide this service only to s box is checked, iden	within their incorporated tify the government(s),	d boundaries, and the service authority or organization pro	will not be provided in widing the service.)
One or mo	ore cities will prov rated areas. (If thi	ride this service only s s box is checked, idea	within their incorporate ntify the government(s),	d boundaries, and the county authority or organization pro	will provide the service.)
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In developin		ere overlapping service	e areas, unnecessary co	mpetition and/or duplication	of this service identific
igher levels o	ons will continue f service (See O.C cannot be elimina	C.G.A. 36-70-24(1)), (	ttach an explanation for overriding benefits of the	or continuing the arrangement e duplication, or reasons that	ent (i.e., overlapping l overlapping service ar
			gy, attach an implemen agreed upon deadline f	ntation schedule listing each or completing it.	step or action that will
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	he strategy change e in strategy		ements for providing an	d/or funding this service with	in the county?
5. List any fo	rmal service deliv	ery agreements or int	ergovernmental contrac	ts that will be used to implen	ent the strate gy for the
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			mplement the strategy then will they take effect	for this service (e.g., ordinand	es, resolutions, local a
			,		
None nec	essary				
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		Wiles Manage	_		
	ompleting form: per: (912) 33	Mike Morga		2.10.00	
			_ Date completed:		
If not, provi	nt with the service de designated con	delivery strategy? stact person(s) and pho	yes kno 'Virgone number(s) below: L	ating whether proposed local il Moore, County Con anier County (912)	mateaton "had sme
Kathy C	reed, Mayor,	City of Lakela	nd (912) 482-31	00	

# 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 necessar	ry. If the contact person for this service (listed at the bottom of the page) changes, thi
should be reported to the Department of Community Affairs	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

County:	LANIER		Service:	PLANNING	
. Check the	e box that best desc	ribes the agreed upon	delivery arrangement for	this service:	
is che	cked, identify the g	overnment, authority	uding all cities and unincol or organization providing lanning Advisory C	the service.)	service provider. (If this box
☐ Service	e will be provided	only in the unincorpo	orated portion of the county tion providing the service.)	by a single service provide	er. (If this box is checked,
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			e map delineating the service with		rovider, and identify the
			\		
2. In devel ☐ yes		were overlapping ser	vice areas, unnecessary con	npetition and/or duplication	n of this service identified?
higher leve		).C.G.A. 36-70-24(1)	attach an explanation for open and an explanation for open and the open attachments of the open attachment and the open attachment and the open attachment and the open attachment attachment attachment and the open attachment attach		ment (i.e., overlapping but at overlapping service areas
If these cor	nditions will be elim	ninated under the stra	ategy, attach an implement the agreed upon deadline fo		h step or action that will be
					Il be funded (e.g., enterprise et fees, bonded indebtedness,
Local Govern	ment or Authority:	Funding Method:			
Planni	ng Authority	City of La	keland - General	Fund	
Comm	ission	Lanier Cou	inty - General Fund		
		/			
				\	
4. How wi	ill the strategy chan	ge the previous arran	gements for providing and/	or funding this service with	nin the county?
	nge in strate	/	Power of broston P min	\	in the vounty.
no cha	inge In scrace	5y./			
		/			
	/		•		
5. List any	formal service del	ivery agreements or i	ntergovernmental contracts	that will be used to implen	nent the strategy for this service
Agreement !			Contracting Parties:	\	Effective and Ending Dates:
Author	ity Law/				
	/			\	
6 1171-4-	. /			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			implement the strategy for when will they take effect?	this service (e.g., ordinanc	es, resolutions, local acts of th
	ecessary		•	. \	are more
/					7
-/-					\
	completing form: mber: (912) 3	Mike Morga		2 10 00	<del>-</del>
			Date completed:		
are consis	tent with the service wide designated co	e delivery strategy? ntact person(s) and pl	tate agencies when evaluate yes no `Virgiland hone number(s) below: Lar	Moore, County Connier County (912)	mission Chairman
Kathy	creed, Mayor,	City of Lakel	and (912) 482-3100	)	

# 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.

ounty:	LANIER		Service:	EMERGENCY MANAGER	MENT
. Check the b	ox that best descr	ibes the agreed up	on delivery arrangement for	this service:	_
is checke			acluding all cities and uninco ty or organization providing	rporated areas) by a single servi the service.)	ce provider. (If this box
☐ Service v	will be provided o		porated portion of the county zation providing the service.	by a single service provider. (1	f this box is checked,
				d boundaries, and the service was authority or organization provi	
				d boundaries, and the county wi authority or organization provi	
			ble map delineating the service wi	rice area of each service provi thin each service area.)	der, and identify the
2. In developi		ere overlapping s	ervice areas, unnecessary con	mpetition and/or duplication of	this service identified?
f these condit	tions will continue	C.G.A. 36-70-24(		r continuing the arrangement duplication, or reasons that over	
			rategy, attach an implemen I the agreed upon deadline fo	tation schedule listing each ster r completing it.	or action that will be
				indicate how the service will be axes, franchise taxes, impact fee	
ocal Governmen	nt or Authority:	Funding Method:			
Lanier Co	unty	General Fu	und		
				10 10 10 10 10 10 10 10 10 10 10 10 10 1	
No change  5. List any fo	in strategy		intergovernmental contracts	or funding this service within the	the strategy for this serv
Agreement Nam	ie:		Contracting Parties:	E	fective and Ending Dates:
None					
	embly, rate or fee		to implement the strategy for when will they take effect?	this service (e.g., ordinances, r	esolutions, local acts of
		Mike			
Phone number	er: <u>(912)</u> 33	3-5277	Date completed:	2-19-99	
are consisten If not, provide	t with the service le designated con	delivery strategy? tact person(s) and	state agencies when evaluated yes \( \bar{\text{N}}\) no \( \) phone number(s) below: Chairman, Lanier Cou	ing whether proposed local governity (912) 482-2088	ernment projects

# 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: LANIE	R	3,700	Service:	EMERGENCY M	EDICAL SERVICE
. Check the box the	at best desci	ribes the agreed u	pon delivery arrangement for t		
	entify the go		ncluding all cities and unincor ity or organization providing t		le service provider. (If this box
☐ Service will be	e provided o		rporated portion of the county ization providing the service.)		rider. (If this box is checked,
			only within their incorporated d, identify the government(s),		
			only within their incorporated d, identify the government(s),		unty will provide the service in n providing the service.)
			ible map delineating the serven that will provide service wit		e provider, and identify the
2. In developing th  ☐ yes ☑ no	e strategy,	were overlapping	service areas, unnecessary con	npetition and/or duplicate	tion of this service identified?
If these conditions	vice (See O	.C.G.A. 36-70-24	gy, attach an explanation for (1)), overriding benefits of the	r continuing the arrang duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these conditions	will be elim	inated under the	strategy, attach an implement ad the agreed upon deadline for		ach step or action that will be
					will be funded (e.g., enterprise pact fees, bonded indebtedness,
Local Government or A	authority:	Funding Method:			
Lanier County		General H	fund, Fees		
No change in	strategy	,	rangements for providing and/ or intergovernmental contracts Contracting Parties:		lement the strategy for this service Effective and Ending Dates:
None					
	, rate or fee		d to implement the strategy for nd when will they take effect?	this service (e.g., ordina	ances, resolutions, local acts of the
7. Person comple			Morgan		
Phone number: _	(912)	333-5277	Date completed:	2-19-99	<del> </del>
are consistent wit	h the service	e delivery strategy	by state agencies when evaluating? yes \( \subseteq \text{ no } \) yes \( \subseteq \subseteq \text{ no } \) delow: Chairman, Lanier Court		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAC

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names t	Historia
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the pa	
should be reported to the Department of Community Affairs.	Pe) etteri

Theat the how			Service:	FIRE PROTECTIO	N
HECK HIG DOX	that best descri	ibes the agreed upon del	ivery arrangement for	this service:	
is checked, Lakelar	identify the go	ounty Fire Depar	organization providing		
		authority or organization		by a single service provider )	. (II this box is checked
				d boundaries, and the service, authority or organization pr	
				d boundaries, and the county, authority or organization pr	
		eked, attach a legible m rother organization that		vice area of each service prithin each service area.)	rovider, and identify the
In developin	-	were overlapping service	e areas, unnecessary co	empetition and/or duplication	of this service identific
igher levels of	ons will continu f service (See Connot be elimi	C.G.A. 36-70-24(1)), c	ttach an explanation in exertiding benefits of the	or continuing the arranger ne duplication, or reasons that	nent (i.e., overlapping b t overlapping service ar
		ninated under the strateg esponsible party and the		ntation schedule listing each for completing it.	n step or action that will
				I indicate how the service wi taxes, franchise taxes, impac	
ocal Government	t or Authority:	Funding Method:			
Fire Depa	artment	City of Lake	land - Genera	Fund	
		Lanier Count	y - Genera	Fund	
					And the second s
	-				
l. How will t	he strategy char	nge the previous arrange	ments for providing an	d/or funding this service with	hin the county?
			ments for providing an	d/or funding this service with	hin the county'
	he strategy char e in strate		ments for providing an	d/or funding this service with	hin the county'
			ments for providing an	d/or funding this service with	hin the county'!
			ments for providing an	d/or funding this service with	hin the county'!
No change	e in strate	ву		d/or funding this service with	
No change	e in strate	gy			ment the strate ty for this
No change	e in strate	gy	ergovernmental contrac		ment the strate ty for this
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No change  5. List any for	e in strate	gy	ergovernmental contrac		ment the strate ty for this
No change  5. List any for Agreement Name  None	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name  None  6. What other	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name  None  6. What other General Asset	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
5. List any for Agreement Name  None  6. What other	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
5. List any for Agreement Name  None  6. What other General Asset	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name None  6. What other General Assets	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
No change  5. List any for Agreement Name  None  6. What other General Assets	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
No change  5. List any for Agreement Name  None  6. What other General Assertion None necessary	e in strate	livery agreements or into	ergovernmental contracting Parties:  mplement the strategy nen will they take effect	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name None  6. What other General Assertion None necessary of the Control of the Contr	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe cessary	livery agreements or into Control (if any) will be used to it the changes, etc.), and where the changes is the changes in the	ergovernmental contracting Parties:  mplement the strategy nen will they take effection	for this service (e.g., ordinand)	ment the strate ty for this Effective and Ending Date
5. List any for Agreement Name None  6. What other General Assertion None necessary of the Name of the	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe essary  completing form:  er: (912) 3 e person who sh  nt with the servi	livery agreements or into Co  (if any) will be used to inte changes, etc.), and where the changes is the changes of the changes is the changes of the changes is the changes in the changes is the changes in the change	ergovernmental contractions Parties:  Implement the strategy men will they take effect and the strategy and the agencies when evaluate agencies when evaluate agencies when evaluates agencies agencies when evaluates agencies agencies when evaluates agencies agen	for this service (e.g., ordinars)  2-19-99  nating whether proposed localing the service (c.g., county (c.g.))	ment the strate ty for this  Effective and Ending Date  ces, resolutions, local act  government projects  commission Chairm
5. List any for Agreement Name None  6. What other General Assertion None necessistem of the consistent of the consisten	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe essary  completing form:  er: (912) 3 e person who sh  nt with the servi de designated c	livery agreements or into Co  (if any) will be used to inte changes, etc.), and where the changes is the changes of the changes is the changes of the changes is the changes in the changes is the changes in the change	ergovernmental contractions Parties:  Intracting Parties:  Implement the strategy nen will they take effect and parties when evaluate agencies when evaluate agencies when evaluate number(s) below:	for this service (e.g., ordinars)  2-19-99  ating whether proposed local gil Moore, County (county (county))	ment the strate ty for this  Effective and Ending Da  ces, resolutions, local act  government projects  commission Chairs

# 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: LANIER		Service:	FIRE PROTECTION	
1. Check the box that best	describes the agreed	upon delivery arrangement for	his service:	
	he government, auth	ority or organization providing t	porated areas) by a single service provider. (If this he service.)	box
☐ Service will be provide	ded only in the unin	corporated portion of the county anization providing the service.)	by a single service provider. (If this box is checked	Ι,
			boundaries, and the service will not be provided in authority or organization providing the service.)	1
			boundaries, and the county will provide the service authority or organization providing the service.)	e in
	\			
		egible map delineating the service wit	ice area of each service provider, and identify the hin each service area.)	•
<ol> <li>In developing the strate</li> <li>yes ∑ no</li> </ol>	gy, were overlappin	ng service areas, unnecessary con	petition and/or duplication of this service identifie	d?
	ce O.C.G.A. 36-70-		continuing the arrangement (i.e., overlapping beduplication, or reasons that overlapping service are	
		e strategy, attach an implement and the agreed upon deadline for	ation schedule listing each step or action that will completing it.	be
			ndicate how the service will be funded (e.g., enterp xes, franchise taxes, impact fees, bonded indebted	
Local Government or Authority:	: Funding Method:	\		
Fire Department	City of	Lakeland - General	Fund	
	Lanier	County - General	Fund	
	1/	1		
	1			
No change in stra	ategy	\.	or funding this service within the county?	
5. List any formal service Agreement Name:	delivery agreement	s or intergovernmental contracts  Contracting Parties:	that will be used to implement the strategy for this:  Effective and Ending Date:	
Authority law				-
Additive law				
			this service (e.g., ordinances, resolutions, local acts	of th
None necessary	r ice changes, etc.),	and when will they take effect?	sel 6 22 grade to	
			71	
7. Person completing for	m:Mike	Morgan		
Phone number: (912)	333-5277	Date completed:	2-19-99	
are consistent with the se If not, provide designate	ervice delivery strate d contact person(s) a	gy? yes X no Virg	ng whether proposed local government projects 1 Moore, County Commission Chairma Lanier County (912) 482-2088	n

# 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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, t
should be reported to the Department of Community Affairs

County:	LANIER		Service:	JAIL	
. Check th	ne box that best d	lescribes the agreed upo	n delivery arrangement for	this service:	
is che			luding all cities and unincom or organization providing		gle service provider. (If this box
☐ Servi	ce will be provid		orated portion of the county ation providing the service.)		ovider. (If this box is checked,
			nly within their incorporated identify the government(s),		ervice will not be provided in on providing the service.)
			nly within their incorporated identify the government(s),		ounty will provide the service in on providing the service.)
			te map delineating the service with		ce provider, and identify the
	loping the strate	gy, were overlapping se	rvice areas, unnecessary cor	npetition and/or duplication	ation of this service identified?
higher leve		e O.C.G.A. 36-70-24(1)			ngement (i.e., overlapping but s that overlapping service areas
If these co	nditions will be	eliminated under the str	ategy, attach an implement the agreed upon deadline fo	The state of the s	each step or action that will be
					e will be funded (e.g., enterprise npact fees, bonded indebtedness,
Local Govern	ament or Authority:	Funding Method:			
Lanier	County	General Fu	nd		
No cha	inge in stra	tegy.	intergovernmental contracts Contracting Parties:		plement the strategy for this service  Effective and Ending Dates:
None					
4.		***			
General A			o implement the strategy for when will they take effect?	this service (e.g., ordin	nances, resolutions, local acts of the
7. Person	completing for	m: Mike Morga	n		
	mber: (912)		Date completed:	2-19-99	
are consider If not, pro	stent with the second ovide designated	should be contacted by rvice delivery strategy? I contact person(s) and p	state agencies when evaluated yes no hone number(s) below:	ing whether proposed le	
Virgil	Moore, Cou	nty Commission C	hairman, Lanier Cou	inty (912) 482-	2088

00/22/00 10.02 W1 312 303 3312

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service in mea listed on Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) char should be reported to the Department of Community Affairs.

PA

	The second secon		***************************************	THE RESERVE THE PROPERTY OF THE PARTY OF THE
unty: LANIER		Service:	LIBRARY	
Check the box that best descri	bes the agreed u	spon delivery arrangement for t	his service:	
	vernment, autho	including all cities and unincor ority or organization providing t Library Board		e service provider. (If thi
Service will be provided or	nly in the uninco	orporated portion of the county nization providing the service.)		der. (If this boy is check
		e only within their incorporated ed, identify the government(s),		
		e only within their incorporated ted, identify the government(s),		
		gible map delineating the service wi		provider, and identify
2. In developing the strategy, v ☐ yes ☑ no	vere overlappin	g service areas, unnecessary con	mpetition and/or duplicat	tion of this service identif
	.C.G.A. 36-70-2	tegy, attach an explanation for 24(1)), overriding benefits of the		
If these conditions will be elim	inated under the	e strategy, attach an implemen and the agreed upon deadline fo		ach step or action that wi
		help to pay for this service and e district revenues, hotel/motel		
ocal Government or Authority:	Funding Method:			
Library Board	City of	Lakeland - General	Fund	
	Lanier (			
-				
No change in strates  5. List any formal service del Agreement Name:		ts or intergovernmental contract	s that will be used to im	plement the strategy for the
None				
6. What other mechanisms (	if any) will be u	sed to implement the strategy for	or this service (e.g., ordin	nances, resolutions, local
General Assembly, rate or fe	e changes, etc.),	, and when will they take effect	?	
None necessary				
7. Person completing form:		Mike Morgan		
7. Person completing form: Phone number: (912)		Mike Morgan  Date completed:	2-19-99	
Phone number: (912)	333-5277			ocal government project



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service should be reported to the Department of Community Affairs.	ce names listed on page

County:	LANIER		Service:	LIBRARY	
I. Check th	ne box that best des	cribes the agreed upon	delivery arrangement for	this service:	
X Servi	ce will be provided	countywide (i.e., inclu	ding all cities and uninco	ornorated areas) by a street	gle service provider. (If this box
Liciki	crand/ Lanier	County Joint Lib	rary Board		
identi	fy the government	authority or organizati	ated portion of the count on providing the service.	y by a single service prov )	vider. (If this box is checked,
One of uninc	or more cities will porporated areas. (I	provide this service only f this box is checked, id	within their incorporate entify the government(s)	d boundaries, and the ser, authority or organizatio	rvice will not be provided in providing the service.)
				/	
One of uninc	or more cities will porporated areas. (If	provide this service only f this box is checked, ide	within their incorporate entify the government(s)	d boundaries, and the con, authority or organizatio	unty will provide the service in n providing the service.)
gover	. (If this box is che nment, authority, o	cked, attach a legible r or other organization tha	nap delineating the ser- it will provide service wi	vice area of each service thin each service area.)	e provider, and identify the
			/		
2. In devel		were overlapping service	ce areas, unnecessary co	mpetition and/or duplicat	tion of this service identified?
higher leve	ditions will continued in the continued	D.C.G.A. 36-70-24(1)),	ttach an explanation for overriding benefits of the	r continuing the arrange duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these cor	ditions will be elir	minated under the strate	gy, attach an implemen agreed upon deadline fo		ach step or action that will be
aken to en	minate them, the it	sponsible party and the	agreed upon deadline to	r completing it.	
funds, user	fees, general fund	s, special service distric			will be funded (e.g., enterprise pact fees, bonded indebtedness, o
ocal Govern	ment or Authority:	Funding Method:	1		
Library	Board	City of Lake			
		Lanier County	y - General	Fund	
-					
		-	<del>\</del>		
4. How wi	ll the strategy char	ige the previous arrange	ments for providing and	or funding this service w	ithin the county?
No char	nge in strate	gy /			
			1		
		/			
			•	1	
£ 1 :	Complete del			that will be used to impl	ament the strategy for this carrie
Agreement N			ntracting Parties:	ulat will be used to impl	ement the strategy for this service Effective and Ending Dates:
		-	nuacting t aucs.		Effective and Entring Places.
Author	ity Law	-			
		-			
				<del></del>	
					inces, resolutions, local acts of th
General A	ssembly, rate or fe	e changes, etc.), and wh	en will they take effect?		Der 6 222 Wa
None n	ecessary			. \	Not G was
	/			\	P 09
	/			1	
	/				
7. Person	completing form:	Mi	ke Morgan		
Phone nur	mber:(912)	333-5277	_ Date completed:	2-19-99	
				ing whether proposed loc	cal government projects
If not, pro	vide designated co	entact person(s) and pho		Lanier Coun	
- Tacity	nayot,	orty of Dakeran	(712) 402-310	J	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service list Answer each question below, attaching additional pages as necessary, should be reported to the Department of Community Africa	ed on page 1, Section III. Use exactly the same service names listed on page 1 if the contact person for this service (listed at the bottom of the page) changes, thi
anodid be reported to the Department of Community Affairs	the control at the bottom of the page) changes, this

County: LANIER		vice: PU	UBLIC WORKS
1. Check the box that best des	cribes the agreed upon delivery arra	ngement for this service	e:
☐ Service will be provided	countywide (i.e., including all citie government, authority or organization	s and unincomposited a	recel by a start and the
Service will be provided identify the government.	only in the unincorporated portion authority or organization providing	of the county by a sing the service.)	le service provider. (If this box is checked,
One or more cities will punincorporated areas. (If	provide this service only within their this box is checked, identify the go	incorporated boundari vernment(s), authority	es, and the service will not be provided in or organization providing the service.)
City of Lakeland Lanier County  Other. (If this box is che	cked, attach a legible map delinear	vernment(s), authority	es, and the county will provide the service in or organization providing the service.)  If each service provider, and identify the
government, authority, o	r other organization that will provid	e service within each se	ervice area.)
<ol> <li>In developing the strategy,</li> <li>yes ∑ no</li> </ol>	were overlapping service areas, unn	ecessary competition a	nd/or duplication of this service identified?
If these conditions will continue higher levels of service (See Coor competition cannot be elim	O.C.G.A. 36-70-24(1)), overriding be	clanation for continuition of the duplication	ng the arrangement (i.e., overlapping but on, or reasons that overlapping service areas
	ninated under the strategy, attach are sponsible party and the agreed upon		edule listing each step or action that will be
3. List each government or au	thority that will help to pay for this	service and indicate ho	w the service will be funded (e.g., enterprise hise taxes, impact fees, bonded indebtedness, e
ocal Government or Authority:	Funding Method:		
City of Lakeland	General Fund		
Lanier County	General Fund		
No change in strates	,		this service within the county?  e used to implement the strategy for this service
Agreement Name:	Contracting Parties	:	Effective and Ending Dates:
None			
	f any) will be used to implement the changes, etc.), and when will they		e (e.g., ordinances, resolutions, local acts of the
None necessary			
7. Person completing form: Phone number: (912) 33		leted: 2-	19-99
8. Is this the person who sho	ould be contacted by state agencies we delivery strategy?  yes  no	hen evaluating whethe	r proposed local government projects County Commission Chairman

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete and for section	A Company of the Comp
Answer on the total and complete one for each service list	ed on page 1, Section III. Use exactly the same service names listed on page 1.
Alls wer each question below, attaching additional pages as necessary	ed on page 1, Section III. Use exactly the same service names listed on page 1.  If the contact person for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Committee in the state of Comm	if the contact person for this service (listed at the bottom of the agent)
and the reported to the Department of Community Affairs	the bottom of the page) changes this

County: _	LANIER		Service:	DOAD WATER	
1. Check th	he box that best des	scribes the agreed upon del		ROAD MAINT	ENANCE
is che	ice will be provided	d countywide (i.e., includir government, authority or o	g all cities and uni-	composited \	ngle service provider. (If this box
☐ Servi	ce will be provided	only in the unincorporate authority or organization	d portion of the cou providing the service	nty by a single service proce.)	ovider. (If this box is checked,
One of uninc	or more cities will porporated areas. (L	provide this service only w f this box is checked, ident	ithin their incorpora ify the government(	ited boundaries, and the ses), authority or organizati	ervice will not be provided in on providing the service.)
One of	or more cities will porporated areas. (If	provide this service only w this box is checked, ident	ithin their incorpora ify the government(	ited boundaries, and the c s), authority or organizati	ounty will provide the service in on providing the service.)
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					e will be funded (e.g., enterprise npact fees, bonded indebtedness, et
Local Govern	ment or Authority:	Funding Method:			
Lanier	County	General Fund			
No char	nge in strate				within the county?
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		f any) will be used to imple changes, etc.), and when			ances, resolutions, local acts of the
	cessary	e changes, etc.), and when	will they take effect		
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			Pate completed:		
are consis	tent with the service	ould be contacted by state a e delivery strategy?y ntact person(s) and phone	es X no `	ating whether proposed lo	ocal government projects
		y Commission Chair		County (912) 482-	2088

## SI SVICE DELIVERY STRATEGY

SUMMAR. SERVICE DELIVERY ARRANGEME

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CORP.	A
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Grand Control	

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•	Instruction

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, the should be reported to the Department of Community Affairs.

unty:	LANIER		Service: SOLID WASTE	MANACEMENT
Check the	box that best desc	ribes the agreed	upon delivery arrangement for this service	
□ Service	will be provided	countywide (i.e.	, including all cities and unincorporated a nority or organization providing the service	
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diffico	iporated areas. (II	this box is check	ked, identify the government(s), authority	or organization providing the service.)
Cit	more cities will p rporated areas. (If y of Lakeland ier County	mis ony is clieck	ce only within their incorporated boundari ked, identify the government(s), authority	ies, and the county will provide the service in or organization providing the service.)
Other.	(If this box is chemment, authority, o	cked, attach a le r other organizat	egible map delineating the service area of tion that will provide service within each s	of each service provider, and identify the service area.)
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unds, user	fees, general fund ment or Authority: Lakeland	Funding Method:  User Fees		
unds, user cal Government City of	fees, general fund ment or Authority: Lakeland	Funding Method:  User Fees	e district revenues, hotel/motel taxes, frances, General Fund	
unds, user ocal Government City of Lanier	fees, general fundment or Authority:  Lakeland County	Funding Method:  User Fees  User Fees	e district revenues, hotel/motel taxes, frances, General Fund	chise taxes, impact fees, bonded indebtedness, etc
cal Government of City of Lanier	fees, general fundment or Authority:  Lakeland County	Funding Method:  User Fees  User Fees  user Fees	s, General Fund	chise taxes, impact fees, bonded indebtedness, etc
cal Government of City of Lanier	fees, general fundment or Authority:  Lakeland County	Funding Method:  User Fees  User Fees  user Fees	s, General Fund	chise taxes, impact fees, bonded indebtedness, etc
cal Government of City of Lanier  How wi	fees, general fundment or Authority:  Lakeland County  Il the strategy chanches change in st	Funding Method:  User Fees  User Fees  User Fees  ange the previous  rategy	g, General Fund  General Fund  arrangements for providing and/or funding	g this service within the county?
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cal Government of City of Lanier  How wi	fees, general fundment or Authority:  Lakeland County  Il the strategy charachange in st	Funding Method:  User Fees  User Fees  User Fees  ange the previous  rategy	g, General Fund  General Fund  arrangements for providing and/or funding	g this service within the county?
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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

Make copies of this form and complete one for each service listed of Answer each question below, attaching additional pages as necessary. If the should be reported to the Department of Community Affairs	on page 1, Section III. Use exactly the same service names listed on page 1, the contact person for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Community Affairs	8-1 403

County: LANIER		Service:	SOLID WASTE	MANAGEMENT
1. Check the box that best describ	es the agreed upon	delivery arrangement for	this service:	
Service will be provided co is checked, identify the gov	untywide (i.e., inclearmment, authority	uding all cities and uninco or organization providing	rporated areas) by a sing the service.)	le service provider. (If this box
Service will be provided on identify the government, au	ly in the unincorpo thority or organiza	rated portion of the county tion providing the service.	by a single service prov	ider. (If this box is checked,
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Other. (If this box is checke government, authority, or o	ed, attach a legible ther organization th	map delineating the service with	rice area of each service hin each service area.)	provider, and identify the
		/		
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If these conditions will continue higher levels of service (See O.C or competition cannot be elimina	.G.A. 36-70-24(1))	attach an explanation for overriding benefits of the	r continuing the arrang duplication, or reasons t	ement (i.e., overlapping but hat overlapping service areas
If these conditions will be elimin taken to eliminate them, the respe	ated under the strat			ach step or action that will be
3. List each government or author funds, user fees, general funds, s				
Local Government or Authority: Fu	anding Method:			
City of Lakeland	User Fees, C	General Fund		
Lanier County	General Fund			
				Alle Signi
		7.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
4. How will the strategy change	the previous arrang	ements for providing and/	or funding this service w	ithin the county?
		DEI	11067	
No change in strategy.	. /	( D)	118/05	
	/	/	halas	
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5. List any formal service delive	ry agreements or in	tergovernmental contracts	that will be used to imple	ement the strategy for this service
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
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/			***************************************	
<ol><li>What other mechanisms (if a General Assembly, rate or fee cl</li></ol>			this service (e.g., ordina	nces, resolutions, local acts of the
None necessary				
7. Person completing form:	Mike	e Morgan		
Phone number: (912)			2-19-99	
8. Is this the person who should are consistent with the service of If not, provide designated contains the contains and the contains the contains and the contains are consistent with the contains and the contains are contained as a contain a contains and the contains are contained as a contains	lelivery strategy? act person(s) and pho	yes No Virgil one number(s) below:	Moore, County Co Lanier County	ommission Chairman
Kathy Creed, Mayor, C	ity of Lakela	nd (912) 482-3100		

# 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:	LANIER	Service:	SOCIAL SERVICES	
1. Check the box to	hat best describes the agreed	upon delivery arrangement for	this service:	
Service will is checked, ic Lanier Co	dentify the government, author	including all cities and unincority or organization providing	rporated areas) by a single service provider. (If the service.)	this box
☐ Service will	be provided only in the uninc	orporated portion of the county nization providing the service.	by a single service provider. (If this box is che	cked,
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One or more unincorporate	cities will provide this serviced areas. (If this box is check	e only within their incorporate ed, identify the government(s)	d boundaries, and the county will provide the se authority or organization providing the service	ervice in
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2. In developing t  ☐ yes ☒ no		service areas, unnecessary co	mpetition and/or duplication of this service iden	itified?
higher levels of se			er continuing the arrangement (i.e., overlapping duplication, or reasons that overlapping service	
If these conditions	will be eliminated under the	strategy, attach an implemen nd the agreed upon deadline fo	tation schedule listing each step or action that or completing it.	will be
			indicate how the service will be funded (e.g., en axes, franchise taxes, impact fees, bonded indeb	
Local Government or	Authority: Funding Method:			
Lanier Count	cy General	Fund		
No change in	n strategy.		for funding this service within the county?  that will be used to implement the strategy for Effective and Ending	
None				
	y, rate or fee changes, etc.), a	ed to implement the strategy found when will they take effect?	this service (e.g., ordinances, resolutions, local	l acts of t
7. Person compl	eting form: Mike Mor	gan		
7		Date completed:	2-19-99	
are consistent wi	son who should be contacted th the service delivery strateg esignated contact person(s) are, County Commission	ny? yes no 'nd phone number(s) below:	ing whether proposed local government projects	s

# 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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the pages should be expected to the Department of Community Affairs

Service will be provide			PUBLIC HEALTH	
Service will be provide	escribes the agreed up	on delivery arrangement for		
Lanier County	ed countywide (i.e., in e government, authori	cluding all cities and unincome ty or organization providing	rporated areas) by a single service the service.)	e provider. (If this box
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			ndicate how the service will be axes, franchise taxes, impact fees	
ocal Government or Authority:	Funding Method:			
Lanier County	General Fi	ınd		
	-			
No change in strat	egy.	,	or funding this service within the	
None				
*****				
		to implement the strategy for when will they take effect?	this service (e.g., ordinances, re	solutions, local acts of t
None necessary				
	n. M	ika Morgan		
None necessary  7. Person completing form Phone number: (912)			2-19-99	

# 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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, it should be reported to the Department of Community Affairs.
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County:	LANIER		Service:	CEMETERIES	
1. Check the box that I	est describes the	greed upon deli	ivery arrangement fo	r this service:	
			g all cities and uninc rganization providing	orporated areas) by a single se g the service.)	rvice provider. (If this box
Service will be p identify the gove	rovided only in the rnment, authority	e unincorporated or organization	d portion of the country providing the service	ty by a single service provider.	(If this box is checked,
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				l indicate how the service will taxes, franchise taxes, impact	
Local Government or Auth	ority: Funding M	ethod:			
City of Lakela	nd Gen	eral Fund			
No change in s	trategy.	ements or interg		d/or funding this service within	
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	· · · · · · · · · · · · · · · · · · ·		-		
6. What other mecha General Assembly, ra None necessary	ate or fee changes,			or this service (e.g., ordinances	, resolutions, local acts of the
7. Person completing					_
Phone number:					-
are consistent with the If not, provide design	ne service delivery nated contact person	strategy?	yes 🛛 no '	ating whether proposed local go	overnment projects

### 06/22/99 16:26 **3**1 912 333 5312 SOUTH GA RDC SPRVICE DELIVERY STRATEGY SUMMAR. JF SERVICE DELIVERY ARRANGEMENTS

ity:	LANIER COUNTY	1	Service: COURTS	
eck the	box that best descri	ibes the agreed upon de	livery arrangement for this service:	
Service is chec	e will be provided co ked, identify the go	ountywide (i.e., includi vernment, authority or	ng all cities and unincorporated areas) by a corganization providing the service.)	single service provider. (If this box
			ed portion of the county by a single service n providing the service.)	provider. (If this box is checked,
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One o	r more cities will proporated areas. (If the CITY OF LAKEI	this box is checked, ide	within their incorporated boundaries, and the ntify the government(s), authority or organization	ne county will provide the service in zation providing the service.)
			nap delineating the service area of each set t will provide service within each service are	
	loping the strategy,	were overlapping service	ce areas, unnecessary competition and/or du	plication of this service identified?
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		s, special service distric	ct revenues, hotel/motel taxes, franchise taxe	ervice will be funded (e.g., enten)rise es, impact fees, bonded indebtedness,
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County:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service: LANIER COURT

1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Lakeland One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.) Funding Method: Local Government or Authority: City of Lakeland General Fund, Fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change in strategy. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates: None 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None necessary

De 6 22 lete

7. Person completing form:	Mike Morgan			
Phone number: (912)	333-5277	Date completed:	2-19-99	
8. Is this the person who she are consistent with the servi If not, provide designated of Kathy Creed, Mayor,	ce delivery strategy? [ ontact person(s) and phor	yes no ne number(s) below:	uating whether proposed local government pro	ects

### DERTICE PERIORI DIRATEGE

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 s	ervice names listed on page 1.
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the b	ottom of the page) changes, this
should be reported to the Department of Community Affairs.	

PAGE 2

		Service:	PUBLIC HOUSING	
Check the box that best de	escribes the agreed upon d	lelivery arrangement for t	nis service:	
	ed countywide (i.e., include government, authority or		porated areas) by a single service providence service.)	r. (If this box
	ed only in the unincorpora nt, authority or organization		by a single service provider. (If this box i	s checked,
	(If this box is checked, ide		boundaries, and the service will not be prouted authority or organization providing the service.	
			boundaries, and the county will provide to authority or organization providing the se	
The second secon	hecked, attach a legible r , or other organization tha		ice area of each service provider, and ic hin each service area.)	lentify the
In developing the strateg  ☐ yes ☒ no	y, were overlapping servi	ce areas, unnecessary con	npetition and/or duplication of this service	identified?
these conditions will con-	e O.C.G.A. 36-70-24(1)),		continuing the arrangement (i.e., over duplication, or reasons that overlapping s	
	eliminated under the strate		ation schedule listing each step or action completing it.	that will be
List each government or	authority that will help to	pay for this service and i	ndicate how the service will be funded (exes, franchise taxes, impact fees, bonded	
ocal Government or Authority:	Funding Method:			
City of Lakeland	General Fun	nd		
			A	
No change in strate		ements for providing and	or funding this service within the county?	
5. List any formal service	and the second s		that will be used to implement the strateg	
	and the second s	tergovernmental contracts		gy for this serv Ending Dates:
5. List any formal service Agreement Name:	and the second s			
5. List any formal service Agreement Name:	and the second s			
5. List any formal service Agreement Name: None	ns (if any) will be used to	Contracting Parties:	this service (e.g., ordinances, resolutions	Ending Dates:
5. List any formal service Agreement Name: None  6. What other mechanism	ns (if any) will be used to	Contracting Parties:	this service (e.g., ordinances, resolutions	Ending Dates:
5. List any formal service Agreement Name: None  6. What other mechanism General Assembly, rate of	ns (if any) will be used to r fee changes, etc.), and w	implement the strategy for then will they take effect?	this service (e.g., ordinances, resolutions	Ending Dates:
5. List any formal service Agreement Name: None  6. What other mechanism General Assembly, rate o	ns (if any) will be used to r fee changes, etc.), and w	implement the strategy for then will they take effect?	this service (e.g., ordinances, resolutions	Ending Dates:

### SERVICE DELIVERY STRATEGY PAGE 2

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

unty:	LANIER		Service:	SANITARY	SEWER	COLLECTIO	N AND TREATMENT
Check the box t	hat best describes	the agreed up	on delivery arrangemen	nt for this service	e:		
			cluding all cities and u			single service	e provider. (If this bo
is checked, i	dentify the govern	nment, authori	ty or organization provi	iding the service	e.)		
Service will identify the	be provided only government, author	in the unincorpority or organiz	porated portion of the c zation providing the ser	county by a sing	le service	e provider. (If	this box is checked,
	ted areas. (If this		only within their incorp , identify the governme				
			only within their incorp I, identify the government				
			ble map delineating the that will provide servi				ler, and identify the
In developing  ☐ yes ☑ no		e overlapping s	service areas, unnecessa	ary competition	and/or di	uplication of th	his service identified
igher levels of s		G.A. 36-70-240	gy, attach an explanat (1)), overriding benefits				
				ICHICH MINUTED	icuate iii		
aken to eliminat	e them, the responenternment or author	nsible party and	trategy, attach an implet the agreed upon dead lp to pay for this service istrict revenues, hotel/n	line for complete and indicate h	ow the s	ervice will be	funded (e.g., enterpri
ken to eliminat List each gove unds, user fees,	e them, the respon ernment or author general funds, sp	nsible party and	d the agreed upon dead	line for complete and indicate h	ow the s	ervice will be	funded (e.g., enterpri
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List each government of City of Lale.  How will the No change	e them, the responserment or author general funds, spor Authority: Funkeland strategy change to	rity that will he secial service diding Method:  User Fe	d the agreed upon dead  lip to pay for this service istrict revenues, hotel/n  ees  rangements for providing	line for complete and indicate he notel taxes, fran	now the s chise tax	ervice will be es, impact fee  rvice within the	funded (e.g., enterpri s, bonded indebtedne ne county?
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Aken to eliminate  3. List each government of the control of the c	e them, the respondent or author general funds, spondent or authority:  Fundament or author general funds, spondent or authority:  Seland  strategy change to in strategy  mal service deliver mechanisms (if anably, rate or fee change)	rity that will he recial service diding Method:  User Feather Service and the previous arrangements of	d the agreed upon dead of the pay for this service istrict revenues, hotel/n  ees  rangements for providing or intergovernmental contracting Parties:	line for complete and indicate hotel taxes, fram	now the s chise tax	ervice will be es, impact fee  rvice within the	funded (e.g., enterpris, bonded indebtedness, bonded indebtedness)  ne county?  the strategy for this

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

yes 
no If not, provide designated contact person(s) and phone number(s) below: Kathy Creed, Mayor, City of Lakeland (912) 482-3100

# 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.

ounty:	LANIER		Service:	STORM WATER MANAGEMENT
Check th	e box that best desc	ribes the agreed upo	n delivery arrangement for	this service:
			luding all cities and uninco or organization providing	reporated areas) by a single service provider. (If this box the service.)
			orated portion of the county ation providing the service.	y by a single service provider. (If this box is checked,
uninc				d boundaries, and the service will not be provided in authority or organization providing the service.)
				d boundaries, and the county will provide the service in authority or organization providing the service.)
	and the second s		le map delineating the ser that will provide service wi	vice area of each service provider, and identify the ithin each service area.)
	loping the strategy,	were overlapping se	rvice areas, unnecessary co	mpetition and/or duplication of this service identified?
f these con	nditions will continu	.C.G.A. 36-70-24(1		or continuing the arrangement (i.e., overlapping but e duplication, or reasons that overlapping service areas
			ategy, attach an implement the agreed upon deadline for	station schedule listing each step or action that will be or completing it.
				indicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded indebtedness, e
ocal Govern	nment or Authority:	Funding Method:		
City o	f Lakeland	General Fu	nds	
No chan	nge in strateg	у.	•	Nor funding this service within the county?  s that will be used to implement the strategy for this service
Agreement	Name:	,	Contracting Parties:	Effective and Ending Dates:
None				
General A			when will they take effect?	or this service (e.g., ordinances, resolutions, local acts of the
7.0	1.0	Milko Mo	raan	
	m completing form:			2-19-99
				ting whether proposed local government projects
are consi	stent with the service ovide designated co	e delivery strategy? ntact person(s) and p		

# 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.

		ER SUPPLY TREATMENT AND DISTRIBUTIO
describes the agreed up	on delivery arrangement for the	nis service:
		by a single service provider. (If this box is checked
tegy, were overlapping s	ervice areas, unnecessary com	petition and/or duplication of this service identified
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or authority that will he	lp to pay for this service and in	ndicate how the service will be funded (e.g., enterp
		•
User ree	S	
egy	r intergovernmental contracts	
		7777
sms (if any) will be used		this service (e.g., ordinances, resolutions, local acts
	d when will they take effect?	
or fee changes, etc.), and		2-19-99
	vided countywide (i.e., in the government, authority ided only in the unincoment, authority or organical will provide this service is. (If this box is checked will provide this service is. (If this box is checked is checked, attach a legility, or other organization tegy, were overlapping sontinue under the strateg See O.C.G.A. 36-70-24(in eliminated). The responsible party and or authority that will her funds, special service dispressions of the provided in the service dispression of the servi	t describes the agreed upon delivery arrangement for the describes the agreed upon delivery arrangement for the describes the agreed upon delivery arrangement for the describes the agreed upon delivery and the government, authority or organization providing the service.)  will provide this service only within their incorporated is. (If this box is checked, identify the government(s), a will provide this service only within their incorporated is. (If this box is checked, identify the government(s), a service, it is checked, attach a legible map delineating the servicity, or other organization that will provide service with tegy, were overlapping service areas, unnecessary commontation under the strategy, attach an explanation for Sec O.C.G.A. 36-70-24(1)), overriding benefits of the eliminated.  The eliminated under the strategy, attach an implementation the responsible party and the agreed upon deadline for or authority that will help to pay for this service and in funds, special service district revenues, hotel/motel targety.  Funding Method:  User Fees  The delivery agreements or intergovernmental contracts to contracting Parties:

## STRVICE DELIVERY STRATEGY SUMMAR. JF SERVICE DELIVERY ARRANGEMENTS

nty: LANIER COUNTY		Service:	SHERIFF	
heck the box that best des	cribes the agreed upon delive	ery arrangement fo	r this service:	
	government, authority or orga		orporated areas) by a single service prov g the service.)	ider. (If this box
Service will be provided			ty by a single service provider. (If this bo	ox is checked,
			ed boundaries, and the service will not be authority or organization providing the	
			ted boundaries, and the county will provi s), authority or organization providing th	
	ecked, attach a legible map or other organization that wi		ervice area of each service provider, an within each service area.)	d identify the
In developing the strategy ☐ yes ☑ no	, were overlapping service a	reas, unnecessary	competition and/or duplication of this ser	vice identified?
	O.C.G.A. 36-70-24(1)), over		for continuing the arrangement (i.e., of the duplication, or reasons that overlapping	
these conditions will be el	iminated under the strategy.	attach an implem	entation schodule listing each sten or ac	tion that will be
ten to eliminate them, the	responsible party and the agr			
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County: \_

## SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

LANIER

Answer each question bel	ow, attaching additional pages as necessary.	Please note that any changes to the	answers provided will require updating	of the
	If the contact person for this service (listed			
Community Affairs	The second secon			

o incompatibilities or conflicts:	
Consistent land use plans were prepared by South and the City of Lakeland as part of the Growth	
anier County and the City of Lakeland have jos compatible land subdivision ordinances.	int planning advisory commission and
. Check the boxes indicating how these incompatibilities or confli amendments to existing comprehensive plans adoption of a joint comprehensive plan	Note: If the necessary plan amendments, regulations, ordinances,
other measures (amend zoning ordinances, add environmental regulations, etc.)	etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
f "other measures" was checked, describe these measures:	
<ol> <li>Summarize the process that will be used to resolve disputes whareas to be annexed into a city. If the conflict resolution process we have a city.</li> </ol>	en a county disagrees with the proposed land use classification(s) for will vary for different cities in the county, summarize each process.
city notifies county and countywide planning advisory recommendations to county. County no	commission. Countywide planning commission make otifies city of no objection or bona fide (with city responds (1) agreeing to conditions; (2) as
City notifies county and countywide planning advisory recommendations to county. County notifies of possible conditions). If objection, to stop annexation; (3) initiates mediation;  4. What policies, procedures and/or processes have been established.	commission. Countywide planning commission make otifies city of no objection or bona fide (with city responds (1) agreeing to conditions; (2) agor (4) seeks declaratory judgment in court.  hed by local governments (and water and sewer authorities) to
City notifies county and countywide planning advisory recommendations to county. County notifies of possible conditions. If objection, to stop annexation; (3) initiates mediation;  4. What policies, procedures and/or processes have been establishensure that new extraterritorial water and sewer service will be controlled the provision of extraterritorial water.	commission. Countywide planning commission make otifies city of no objection or bona fide (with city responds (1) agreeing to conditions; (2) agor (4) seeks declaratory judgment in court.  The declaration of Lanier County agree and sewer services shall be consistent with The notification of intent to extend services of the proposed projects and an opportunity the planned extension to ensure that the new
City notifies county and countywide planning advisory recommendations to county. County notifies of possible conditions. If objection, to stop annexation; (3) initiates mediation;  4. What policies, procedures and/or processes have been established that new extraterritorial water and sewer service will be continued to the provision of extraterritorial water all-applicable land use plans and ordinances. extraterritorially shall include a synopsis of the affected local government to review to	commission. Countywide planning commission make otifies city of no objection or bona fide (with city responds (1) agreeing to conditions; (2) agor (4) seeks declaratory judgment in court.  The declaration of Lanier County agree and sewer services shall be consistent with The notification of intent to extend services of the proposed projects and an opportunity the planned extension to ensure that the new
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City notifies county and countywide planning advisory recommendations to county. County makes of possible conditions). If objection, to stop annexation; (3) initiates mediation;  4. What policies, procedures and/or processes have been establist ensure that new extraterritorial water and sewer service will be considered that the provision of extraterritorial water all-applicable land use plans and ordinances. extraterritorially shall include a synopsis of for the affected local government to review the services are consistent with all applicable.  5. Person completing form:  Mike Morgan Phone number:  (912) 333-5277  Date of the provision of this services are consistent with all applicable.	commission. Countywide planning commission make otifies city of no objection or bona fide (with city responds (1) agreeing to conditions; (2) agor (4) seeks declaratory judgment in court.  The by local governments (and water and sewer authorities) to consistent with all applicable land use plans and ordinances?  The jurisdictions of Lanier County agree and sewer services shall be consistent with The notification of intent to extend services of the proposed projects and an opportunity the planned extension to ensure that the new land use plans and ordinances.  The planned extension to ensure that the new land use plans and ordinances.

### 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.

CERTICE DELITERI DIRAILOI FOR	SERVICE DELIVERY STRATEGY FOR	LANIER	COUNTY
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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));
- 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
NE mod Kathy L. Cas	Virgil L. Moore  Rathy Creed	Chairman Mayor	Lanier County City of Lakeland

### MEMORANDUM OF AGREEMENT

STATE OF GEORGIA, COUNTY OF LANIER.



WHEREAS, the City of Lakeland and Lanier County have cooperated in the past years in providing the citizens of the city and county with the following services: animal control, fire protection, jails, libraries, parks and recreation, and road/street maintenance;

WHEREAS, there has never been a written agreement between the city and county in providing the citizens with these services;

WHEREAS, the City of Lakeland and Lanier County hereby agree to continue to work together in providing the citizens of the city and county with the services above. This 9-day of February, 1997. LANIER COUNTY BOARD OF COMMISSIONERS ATTEST: CLERK TO THE LANIER COUNTY BOARD OF **COMMISSIONERS** Member (SEAL) Member CITY OF LAKELAND ATTEST: Councilman Councilman CITY COUNCIL OF THE CITY OF LAKELAND Councilman C:\WPDOC\$\MEMAGMT.LC

## RESOLUTION FOR ADOPTION OF LANIER SERVICE DELIVERY STRATEGY

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Lanier County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Lanier County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area; (2) an assignment as to the provider of the service; (3) a description of the funding sources, and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Lanier County pages 1-4, herein after referred to a the Lanier Service Delivery Strategy.

By Adoption of this resolution Lanier County hereby adopts the Lanier Service Delivery Strategy and authorizes the chairman to sign the Lanier Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the chairman to certify that the Lanier Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy; (2) promotes the most efficient, effective and responsive delivery of services; (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher; (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances; (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues, and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this of May, 1999.

Virgil Moore, Chairman

Lanier County Board of Commissioners

Bonnie Ganas, Lanier County Clerk

#### RESOLUTION FOR ADOPTION OF LANIER SERVICE DELIVERY STRATEGY

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By Adoption of this resolution the City of Lakeland hereby adopts the Lanier Service Delivery Strategy and authorizes the mayor to sign the Lanier Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the mayor to certify that the Lanier Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy; (2) promotes the most efficient, effective and responsive delivery of services; (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher; (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances; (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues, and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 10 day of May, 1999.

Kathy Creed, Mayor of Lakeland

Many Allen, Lakeland City Clerk

### LANIER COUNTY INTERGOVERNMENTAL AGREEMENT

### Process for Provision of Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Lanier County, which include the Lanier County Board of Commissioners, and the Mayor/Council of the City of Lakeland have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2015 Greater Lanier Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

WHEREAS, these governments have formed a joint countywide Planning Advisory Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by either jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

**NOW THEREFORE BE IT RESOLVED THAT:** The City of Lakeland and Lanier County, hereby agree to implement the following process for the provision of extraterritorial water and sewer services effective May 1, 1999.

1. Prior to initiating any extension of water or sewer services outside the boundaries of Lakeland the City will notify the county government of the proposed extension. The notification will include, at a minimum, information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use) and the current land use and zoning classification. For the purposes of official notification of the county as required by this agreement, notification of the county shall be achieved by delivery of the required information to the county clerk.

Concurrent with the notification of the county, the city will forward the proposed extraterritorial extension data required above to the Lakeland / Lanier County Planning Advisory Commission for its review and recommendation. Lanier County and Lakeland recognize that role of the "plan caretakers" rests with their planning advisory commission, and agree that the planning advisory commission's recommendation will be given full and complete consideration in the extraterritorial water and sewer services

- 2. Within fifteen working days following receipt of the above information, the county will forward to the city a statement:
  - (a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; **or**
  - (b) Describing **its objections** to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.
- 4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:
  - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension;
  - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
  - (c) initiating a 30-day (maximum) **Mediation** process to discuss possible compromises; **or**
  - (d) Disagreeing that the county's objection is bona fide and notifying the county that the city will seek a declaratory judgement.

If the city initiates 4(c) Mediation, the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
  - (a) Will abandon and not proceed with the proposed extension, or
  - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the City is free to proceed with the extraterritorial water and sewer service.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this Oday of May, 1999.

Attest

Authorized Representative of Lanier County

Board of Commissioners

May L. aller Attest

Authorized Representative of City of Lakeland

#### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

#### SERVICE DELIVERY STRATEGY

FOR	LANIER	COUNTY	PAGE 1
FUR	201212,221	COUNTY	INGL

#### 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.
  - 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.

Lanier County City of Lakeland Development Authority of Lanier County Housing Authority of the City of Lakeland, Georgia

#### 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.

SEE ATTACHED INVENTORY OF EXISTING
SERVICES FOR LANIER COUNTY AND THE
CITY OF LAKELAND
AND
DCA SUMMARY OF SERVICE DELIVERY
ARRANGEMENTS (P.2) FOR EACH

SERVICE

Verified

Should be revised to include "Sheritt" sruce

### EXISTING SERVICES of LANIER COUNTY as of January 1, 1998

Name or type of Service	Description of proposed service	Producer of Service	Service Area	Funding Source(s)
Animal Control	Pick up stray animals	County staff	County-wide	GF
Code Enforcement	Building Codes, Subdivision Ordinance	Private Sector Contract	County-wide	Fee based
Economic Development	Prospect for jobs, prepare financial packages	Industrial Development Authority	County-wide	GF
Indigent Defense	Provide legal aid	County staff	County-wide	GF
Park & Recreation	Provision & Maintenance of park sites	Park and Recreation Board	County-wide	GF
Planning	Implement "Greater Lanier Comp. Plan"	Lakeland / Lanier Co. Planning Adv. Commission	County-wide	GF
Emergency Management	Implement Emerg. Management Plan	County staff	County-wide	GF
Emergency Medical Service	Rescue and medical ser. & ambulances	Private Sector Contract	County-wide	Fees, GF

Fire Protection	Structural & other fires	Lakeland/ Lanier Co. Fire Department	County-wide	GF
Jail	Incarceration	Sheriff Dept.	County-wide	GF
Library	Books	Joint Library Board	County-wide	GF
Public Works	Street cleaning & mowing	County Road Department	County-wide	GF
Road Maintenance	Grading and paving, repair	County Road Department	County-wide	GF
Solid Waste Management	Green boxes & disposal	Private sector Contract	Unincor. area	GF
Social Services	AFDC, Senior services	County staff	County-wide	GF
Public Health	Education, Screenings, Diagnostic svc, Env. Health	County and State staff	County-wide	GF

\* abbreviations: GF = General Fund; Unincor. = Unincorporated

### EXISTING SERVICES - CITY OF LAKELAND as of January 1, 1998

Name or type of Service	Description of Service	Producer of Service	Service Area	Funding Source(s)
Animal Control	Pick up strays	City staff	County-wide	GF, fees
Cemeteries	Maintenance	City staff	Municipal	GF
Code Enforcement	Building Codes Zoning	Private Contract	Municipal	Fees, GF
Court	City court	City staff	Municipal	GF, fines
Economic Development	Prospect for jobs, prepare financial packages	Industrial Development Authority	County-wide	GF
Emergency Management	Implement Emer. Management plan	County staff	County-wide	Co. GF
Fire Protection	Structural & other fires	Lakeland/ Lanier Co. Fire Dept.	County-wide	GF
Jail	Incarceration	Lanier Co.	County-wide	GF
Library	Books	Joint Library Board	County-wide	GF
Parks and Recreation	Ballfields & Pavilion	Joint Park & Rec. Board	County-wide	GF
Planning	Implement City Comp. Plan	Lakeland/ Lanier Co. PAC	County-wide	GF
Public Housing	Low income housing	Lakeland Housing Authority	Municipal	GF
Public Works	Street cleaning trimming, mowing	City staff, Inmates	Municipal	GF
Sanitary sewer collection & treatment	Pipes, pumps, pond, wetlands treatment	City staff	Municipal	User fees

Solid Waste Management	Curbside Collection	City staff	Municipal	User fees GF
Storm Water Management	Storm drains	City staff	Municipal	GF
Water Supply, Treatment & Distribution	Operate two water wells & storage tanks	City staff	Municipal	User fees

\* abbreviations: GF= General Fund

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

mon detions.	
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. I	the contact person for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Community Affairs	

ounty: LANIER		Service:	ANIMAL CONTROL	
. Check the box that best des	cribes the agreed upor			
	countywide (i.e., incl	uding all cities and u	nincorporated areas) by	a single service provider. (If this box
Service will be provided identify the government.	only in the unincorpo	orated portion of the c	county by a single service.)	e provider. (If this box is checked,
One or more cities will punincorporated areas. (I	provide this service on f this box is checked, i	ly within their incorpidentify the government	oorated boundaries, and tent(s), authority or organ	the service will not be provided in ization providing the service.)
One or more cities will punincorporated areas. (I City of Lakeland Lanier County	provide this service on f this box is checked,	nly within their incorpidentify the governm	porated boundaries, and ent(s), authority or organ	the county will provide the service in aization providing the service.)
Other. (If this box is che			ne service area of each s ice within each service a	service provider, and identify the rea.)
2. In developing the strategy  ☐ yes ☑ no	, were overlapping ser	vice areas, unnecess	ary competition and/or d	uplication of this service identified?
If these conditions will contin	O.C.G.A. 36-70-24(1)	attach an explana ), overriding benefits	ion for continuing the sof the duplication, or re	arrangement (i.e., overlapping but asons that overlapping service areas
	minated under the stra			sting each step or action that will be
3. List each government or a	uthority that will help	to pay for this service	e and indicate how the s	ervice will be funded (e.g., enterprise es, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:			
City of Lakeland	General Fund,	Fees		
Lanier County	General Fund			
			w	
4. How will the strategy chan No change in strat  5. List any formal service de Agreement Name:	tegy.			to implement the strategy for this servi
None				
6. What other mechanisms General Assembly, rate or f None necessary				ordinances, resolutions, local acts of the
7. Person completing form:	Mike Morgan			
Phone number: (912)		Date completed	2/19/99	
8. Is this the person who share consistent with the serving If not, provide designated constants.	ice delivery strategy?	yes 🖾 no	Virgil Moore,	sed local government projects County Commission Chairma (912) 482-2088
Kathy Creed, Mayor,	City of Lakela	and (912) 482-3	100	

### 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: LANIER		Service:	CODE	ENFORCEM	ENT	
1. Check the box that best des	cribes the agreed upon delive	ry arrangeme	nt for th	is service:		
Service will be provided is checked, identify the	countywide (i.e., including a government, authority or orga				by a single	service provider. (If this box
	only in the unincorporated p			oy a single ser	vice provide	er. (If this box is checked,
	provide this service only with f this box is checked, identify					
	provide this service only with f this box is checked, identify					
Other. (If this box is che	cked, attach a legible map or other organization that will					rovider, and identify the
2. In developing the strategy.  ☐ yes ☑ no	were overlapping service are	eas, unnecessa	ry com	petition and/o	r duplication	n of this service identified?
If these conditions will continuing higher levels of service (See or competition cannot be elin	D.C.G.A. 36-70-24(1)), oven					
If these conditions will be eli taken to eliminate them, the r	minated under the strategy, a					n step or action that will be
3. List each government or a funds, user fees, general fund						
Local Government or Authority:	Funding Method:					
City of Lakeland	General Fund					
Lanier County	Fee Based					
<ul><li>4. How will the strategy change in strat</li><li>5. List any formal service de Agreement Name:</li></ul>	egy. livery agreements or intergov					
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	if any) will be used to impler the changes, etc.), and when w			his service (e	g., ordinanc	es, resolutions, local acts of the
7. Person completing form:	Mike Morgan					
Phone number: (912) 3		te completed:	2/1	9/99		
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### SERVICE DELIVERY STRATEGY



-	should be reported to the Departm	ching additional pages as necessary. If the contact person for this senent of Community Affairs.	and the same
unty: L	ANIER	Service: ECONOMIC DEVEL	OPMENT
		greed upon delivery arrangement for this service:	
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is chec	ked, identify the government	t, authority or organization providing the service.}	
Service	will be provided only in the	County Industrial Development Author: e unincorporated portion of the county by a single service or organization providing the service.)	rice provider. (If this box is checked
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		nder the strategy, attach an implementation schedule e party and the agreed upon deadline for completing it	
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funds, use		Method: City of Lakeland G	taxes, impact fees, bonded indebted
funds, use	ment or Authority: Funding	Method:	taxes, impact fees, bonded indebted
funds, use	ment or Authority: Funding	Method: City of Lakeland G	taxes, impact fees, bonded indebted
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## 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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes,
should be reported to the Department of Community Affairs.

County:	LANIER		Service:	ECONOMIC DE	VELOPMENT	
1. Check	the box that best descri	ibes the agreed upon d	elivery arrangemen	nt for this service:	*	
is c	hecked, identify the go	countywide (i.e., includ evernment, authority or	organization provi	iding the service.)		e provider. (If this box
☐ Ser	vice will be provided of	anier County In- only in the unincorpora authority or organizatio	ted portion of the c	county by a single s	ority service provider. (If	this box is checked,
		ovide this service only his box is checked, ide				
		ovide this service only his box is checked, ide				
		ked, attach a legible n other organization tha				er, and identify the
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	veloping the strategy, ves 🗓 no	vere overlapping service	e areas, unnecessa	ry competition and	or duplication of th	is service identified?
higher le		e under the strategy, a .C.G.A. 36-70-24(1)), onated).				
		inated under the strates ponsible party and the				or action that will be
		hority that will help to , special service district				unded (e.g., enterprise , bonded indebtedness, etc
	-	Funding Method:				
	rial Development	\ /	City of	Lakeland (	Conomal Fund	
Indust	LIAI DEVETOPMENT	AUCTION		County Gen	AND DO THE THE COURT OF	
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L	-01.					
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	necessary	chaiges, etc.), and this	on will aloy take of			and the same
					e c	N.
	on completing form:  number: (912) 33		Date as and	0/10/22		
			Date completed:			
If not, p	sistent with the service provide designated con	ald be contacted by state delivery strategy? [ tact person(s) and phore C1ty of Lakelar	yes 🗓 no `ne number(s) below	Virgil Moo	-	mmission Chairman,

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Make copies of this form and complete one for each service liste	ed 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.	

1. Check the box that best describes the agreed upon delivery strategement for this service:    Service will be provided countywide (i.e., including all cities and unincorporated area) by a single service provider. (If this bit is checked, identify the government, authority or organization providing the service.)    Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)    One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(), subority or organization providing the service.)    One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(), subhority or organization providing the service.)    Other. (If this box is checked, identify the government(), subhority or organization providing the service.)    Other. (If this box is checked, identify the government(), subhority or organization providing the service.)    Other. (If this box is checked, identify the government(), subhority or organization providing the service area.)    Other. (If this box is checked, identify the government(), subhority or organization providing the service area.    Other. (If this box is checked, identify the government(), subhority or organization providing the service area of each service area.    Other. (If this box is checked, identify the government(), subhority or organization providing the service area of each service area.    Other. (If this box is checked, identify the government(), subhority or organization providing the service area of each service area.    Other. (If this box is checked, identify the government(), subhority or organization providing the service area.    Other (If this box is check	County:	LANIER		Service:	INDIGENT DEFE	NSE
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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.)  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified [ ] yes [] no  If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprifunds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedne local Government or Authority:  Lead Government or Authority:  Bunding Method:  Lanier County  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No change in strategy.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  None necessary.  7. Person completing form:  Phone number: (912) 333-5277 Date completed: 2-19-99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consis						
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higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area or competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprifunds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness to the service of the service of the service described indebtedness to the service of the service of the service within the county?  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service within the county?  None    Service of the servic			vere overlapping s	ervice areas, unnecessary co	mpetition and/or duplication	n of this service identified?
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprifunds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness.  Local Government or Authority:  Funding Method:  Lanier County  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No change in strategy.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this seaference. None  Contracting Parties:  Effective and Ending Dates:  None  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  None necessary.  7. Person completing form:  Mike Morgan  Phone number:  (912)  Mike Morgan  Mike Morgan  Phone number:  2-19-99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes ∑lao `	higher levels of	service (See O.	C.G.A. 36-70-24(			
funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness.  Lanier County	If these conditio	ns will be elim	inated under the st			h step or action that will be
Lanier County  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No change in strategy.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this se Agreement Name:  Contracting Parties:  Effective and Ending Dates:  None  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  None necessary.  7. Person completing form:  (912)  333-5277  Date completed:  2-19-99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no						
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No change in strategy.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this season and the strategy for this season and the strategy for this season and the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  None necessary.  7. Person completing form:    Mike   Morgan	Local Government	or Authority:	Funding Method:			
S. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this se Agreement Name:    Contracting Parties:   Effective and Ending Dates:	Lanier Cou	nty	General F	und		
S. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this se Agreement Name:    Contracting Parties:   Effective and Ending Dates:						
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this se Agreement Name:    Contracting Parties:   Effective and Ending Dates:						
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None necessary.  None necessary.  Mike Morgan  Phone number:	None		-			
None necessary.  None necessary.  Mike Morgan  Phone number:						
None necessary.  None necessary.  Mike Morgan  Phone number:						
Phone number: (912) 333-5277 Date completed: 2-19-99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes \(\Sigma\) no	General Assem	bly, rate or fee				es, resolutions, local acts of t
Phone number: (912) 333-5277 Date completed: 2-19-99  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes \(\Sigma\) no	7 Person com	pleting form:	Mike Mo	rgan		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  o `			333-5277	Date completed:	2-19-99	
	are consistent	with the service	delivery strategy	y state agencies when evaluat	ing whether proposed local	government projects

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



	S	UMMARY OF	SERVICE DELIVER	Y ARRANGEMENTS	PAG
	Instructions: Make copies of this form Answer each question belo should be reported to the I	w. attaching addition	al pages as necessary. If the c	age 1, Section III. Use exactly the sontact person for this service (listed at	ame service name; listed on p the bottom of the page) change
ounty:	LANIER	\	Service:	PARKS AND RECE	REATION
Check the	box that best describes	the agreed upon	delivery arrangement fo	or this service:	
is check Lanie Service	r County/City of will be provided only	nment, authority f Lakeland F in the unincorpo	or organization providing arks and Recreat	ion Board ity by a single service provider	
				ted boundaries, and the services, authority or organization pr	
				ated boundaries, and the county (s), authority or organization pr	
				ervice area of each service pr within each service area.)	ovider, and icentify the
2. In develo		e overlapping ser	rvice areas, unnecessary	competition and/or duplication	of this service identified
higher level		G.A. 36-70-24(1)		for continuing the arrangen the duplication, or teasons tha	
			ategy, attach an Implem the agreed upon deadline	entation schedule listing each for completing it.	step or action that will b
Local Governs		pecial service dis ading Method: City of La Lanier Cou	keland - Gene	el taxes, franchise taxes, impacral ral Fund ral Fund	
	ill the strategy change		ngements for providing	and/or funding this service with	nin the county!
5. List any		ry agreements or	intergovernmental contr Contracting Parties:	acts that will be used to impler	ment the strate <sub>l</sub> ;y for this Effective and Ending Date
None	e				
6. What of	other mechanisms (if a	ny) will be used hanges, etc.), and	to implement the strategy when will they take effe	y for this service (e.g., ordinancect?	ces, resolutions, local act
None i	necessary				
	completing form:				
				2-19-99	
If not, pr	stent with the service of ovide designated conta	delivery strategy? act person(s) and	state agencies when evaluation of the value		ommission Chairman

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

1	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
i	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:	LANIER		Service:	PARKS AND R	ECREATION
1. Check the	box that best describ	es the agreed upon de	livery arrangement for	this service:	
is chec Lanie	ked, identify the gover County/City will be provided on	ernment, authority or of Lakeland Par ly in the unincorporat	organization providing to ks and Recreation and portion of the county	the service.) on Board by a single service prov	le service provider. (If this box
identify	y the government, au	thority or organization	providing the service.)		
		A CONTRACTOR OF THE PROPERTY O	the state of the s		rvice will not be provided in providing the service.)
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			ap delineating the serv will provide service wit		e provider, and identify the
2. In develo		re overlapping service	e areas, unnecessary con	npetition and/or duplicat	tion of this service identified?
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If these con-	ditions will be elimin	ated under the strateg	y, attach an implement agreed upon deadline fo		ach step or action that will be
					will be funded (e.g., enterprise pact fees, bonded indebtedness, et
Local Governm	nent or Authority: F	unding Method:			
Park ar	nd Recreation	City of Lake	and - General	Fund	
Board		Lanier County			
	I the strategy change		nents for providing and/	or funding this service v	vithin the county?
			/ .		
5. List any Agreement N			governmental contracts tracting Parties:	that will be used to imp	lement the strategy for this service Effective and Ending Dates:
Author	ity Law	/			
	v <del>a</del> ,				
-					
				this service (e.g., ordina	ances, resolutions, local acts of the
General As	ssembly, rate or fee c	hanges, etc.), and whe	n will they take effect?		
None no	ecessary				
				Re	vised
7. Person	completing form:	Mike Morgan			
			Date completed:	2-19-99	
				ing whether proposed lo	cal government projects
are consist If not, pro-	ent with the service of vide designated control	delivery strategy?  act person(s) and phon	yes X no `Virgi: e number(s) below:	1 Moore, County (912) 482-	Commission Chairman
Kathy	Creed, Mayor, C	ity of Lakeland	(912) 482-3100		

### PAG



### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

	LANIER		Service:	PLANNING	
		es the agreed upon deli			
				corporated areas) by a singl	e service provider (If this
is check	ed, identify the gov	ernment, authority or or	ganization providin	g the service.)	( m.
		nier County Plan		Commission ity by a single service provi	ider (If this box is checke
identify	the government, au	thority or organization	providing the service	c.)	idot. (it till box is bloome
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				ited boundaries, and the con	
uninco	rporated areas. (If th	is box is checked, ident	lify the government(	s), authority or organizatio	n providing the service.)
Other.	(If this box is check ment, authority, or	ed, attach a legible ma other organization that	p delineating the swill provide service	ervice area of each service within each service area.)	e provider, and identify t
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	ion cannot be elimin				
		nated under the strategy ponsible party and the a		entation schedule listing	each step or action that wi
3 Liet and	government or aut				III L. C
				nd indicate how the service	
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funds, user coal Govern	fees, general funds, ment or Ambority:	special service district Funding Method:  City of Lake	revenues, hotel/mot	el taxes, franchise taxes, in	npact fees, bonde lindebte
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Kathy Creed, Mayor, City of Lakeland (912) 482-3100

### 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) ch	langes, thi
should be appared to the Department of Community Affairs	

County:	LANIER		Service:	PLANNING	
. Check the	box that best desc	ribes the agreed upon	delivery arrangement for	this service:	
is chec	cked, identify the g	overnment, authority	uding all cities and unincol or organization providing lanning Advisory Co	the service.)	service provider. (If this box
☐ Service	e will be provided	only in the unincorpo	orated portion of the county tion providing the service.)	by a single service provide	er. (If this box is checked,
			aly within their incorporated identify the government(s),		
				/	
			aly within their incorporated identify the government(s),		y will provide the service in providing the service.)
		1		/	
			e map delineating the service with the map delineating the service with the map delineating the map delineating the service with the map delineating the service with the servic		rovider, and identify the
			\		
2. In devel ☐ yes		were overlapping ser	vice areas, unnecessary cor	npetition and/or duplication	n of this service identified?
higher leve		).C.G.A. 36-70-24(1)	attach an explanation fo ), overriding benefits of the		ment (i.e., overlapping but at overlapping service areas
If these cor	nditions will be elir	ninated under the stra	itegy, <b>attach an impleme</b> nt he agreed upon deadline fo		h step or action that will be
					ill be funded (e.g., enterprise ct fees, bonded indebtedness,
Local Govern	ment or Authority:	Funding Method:			
	ng Authority		keland - General		
Comm	ission	Lanier Cot	inty - General Fund	-	
			1		
4. How wi	II the strategy char	ge the previous arran	gements for providing and/	or funding this service with	hin the county?
No char	nge in strate	gy./			
		/			
		/	÷		
	/				
5. List any	formal service del	ivery agreements or i	ntergovernmental contracts	that will be used to implem	nent the strategy for this service
Agreement N	Name:		Contracting Parties:		Effective and Ending Dates:
Author	ity Law/			\	
	/		-8		
				this service (e.g., ordinance	es, resolutions, local acts of th
	ecessary	e changes, etc.), and	when will they take effect?		or no
/					/ 3/1
7 Person	completing form:	Mike Morg	an		
	nber:(912) 3		Date completed:	2-19-99	
			tate agencies when evaluati		government periods
are consis	tent with the service wide designated co	e delivery strategy? ntact person(s) and pl	yes <b>no</b> Virgil hone number(s) below: Lar and (912) 482-3100	Moore, County Conder County (912)	mission Chairman
Rully	orced, mayor,	orty of Lakel	and (912) 482-3100		

### 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.

ounty:	LANIER		Service:	EMERGENCY MANAGER	MENT
. Check the b	ox that best descr	ibes the agreed up	on delivery arrangement for	this service:	_
is checke			acluding all cities and uninco ty or organization providing	rporated areas) by a single servi the service.)	ce provider. (If this box
☐ Service v	will be provided o		porated portion of the county zation providing the service.	by a single service provider. (1	f this box is checked,
				d boundaries, and the service was authority or organization provi	
				d boundaries, and the county wi authority or organization provi	
			ble map delineating the service wi	rice area of each service provi thin each service area.)	der, and identify the
2. In developi		ere overlapping s	ervice areas, unnecessary con	mpetition and/or duplication of	this service identified?
f these condit	tions will continue	C.G.A. 36-70-24(		r continuing the arrangement duplication, or reasons that over	
			rategy, attach an implemen I the agreed upon deadline fo	tation schedule listing each ster r completing it.	or action that will be
				indicate how the service will be axes, franchise taxes, impact fee	
ocal Governmen	nt or Authority:	Funding Method:			
Lanier Co	unty	General Fu	und		
				10 10 10 10 10 10 10 10 10 10 10 10 10 1	
No change  5. List any fo	in strategy		intergovernmental contracts	or funding this service within the	the strategy for this serv
Agreement Nam	ie:		Contracting Parties:	E	fective and Ending Dates:
None					
	embly, rate or fee		to implement the strategy for when will they take effect?	this service (e.g., ordinances, r	esolutions, local acts of
		Mike			
Phone number	er: <u>(912)</u> 33	3-5277	Date completed:	2-19-99	
are consisten If not, provide	t with the service le designated con	delivery strategy? tact person(s) and	state agencies when evaluated yes \( \bar{\text{N}}\) no \( \) phone number(s) below: Chairman, Lanier Cou	ing whether proposed local governity (912) 482-2088	ernment projects

### 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: LANIER		Service:	EMERGENCY ME	DICAL SERVICE
I. Check the box that best descr	ribes the agreed u	pon delivery arrangement for the	his service:	
		including all cities and unincorrity or organization providing the		e service provider. (If this box
☐ Service will be provided of		orporated portion of the county nization providing the service.)	by a single service provi	der. (If this box is checked,
		e only within their incorporated ed, identify the government(s),		
		e only within their incorporated ed, identify the government(s),		
		dble map delineating the servi on that will provide service with		provider, and identify the
2. In developing the strategy, v  ☐ yes ☑ no	were overlapping	service areas, unnecessary com	petition and/or duplicati	on of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	.C.G.A. 36-70-24			
If these conditions will be elim taken to eliminate them, the res				ch step or action that will be
3. List each government or aut funds, user fees, general funds	thority that will h	elp to pay for this service and in district revenues, hotel/motel ta	ndicate how the service v	will be funded (e.g., enterprise act fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			
Lanier County	T	Fund, Fees		
Daniel County	General	ruliu, rees		
No change in strategy	,	or intergovernmental contracts		ithin the county?
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
None				
6. What other mechanisms (if General Assembly, rate or fee			this service (e.g., ordina	nces, resolutions, local acts of the
None necessary		•		
7. Person completing form:	Mike	Morgan		
Phone number: (912)		Date completed:	2-19-99	
8. Is this the person who sho				

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAC

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names t	Historia
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the pa	
should be reported to the Department of Community Affairs.	Pe) etteri

Theat the how			Service:	FIRE PROTECTIO	N
HECK HIG DOX	that best descri	ibes the agreed upon del	ivery arrangement for	this service:	
is checked, Lakelar	, identify the go	ounty Fire Depar	organization providing		
		authority or organization		by a single service provider )	. (II this box is checked
				d boundaries, and the service, authority or organization pr	
				d boundaries, and the county, authority or organization pr	
		eked, attach a legible m rother organization that		vice area of each service prithin each service area.)	rovider, and identify the
In developin	-	were overlapping service	e areas, unnecessary co	empetition and/or duplication	of this service identific
igher levels of	ons will continu f service (See Connot be elimi	C.G.A. 36-70-24(1)), c	tach an explanation in exertiding benefits of the	or continuing the arranger ne duplication, or reasons that	nent (i.e., overlapping b t overlapping service ar
		ninated under the strateg esponsible party and the		ntation schedule listing each for completing it.	n step or action that will
				I indicate how the service wi taxes, franchise taxes, impac	
ocal Government	t or Authority:	Funding Method:			
Fire Depa	artment	City of Lake	land - Genera	Fund	
		Lanier Count	y - Genera	Fund	
					And the second s
	-				
l. How will th	he strategy char	nge the previous arrange	ments for providing an	d/or funding this service with	hin the county?
			ments for providing an	d/or funding this service with	hin the county'
	he strategy char e in strate		ments for providing an	d/or funding this service with	hin the county'
			ments for providing an	d/or funding this service with	hin the county'!
			ments for providing an	d/or funding this service with	hin the county'!
No change	e in strate	ву		d/or funding this service with	
No change	e in strate	gy			ment the strate ty for this
No change	e in strate	gy	ergovernmental contrac		ment the strate ty for this
No change  5. List any for	e in strate	gy	ergovernmental contrac		ment the strate ty for this
No change  5. List any for	e in strate	gy	ergovernmental contrac		ment the strate ty for this
No change  5. List any for Agreement Name  None	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name  None  6. What other	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name  None  6. What other General Asset	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
5. List any for Agreement Name  None  6. What other	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
5. List any for Agreement Name None  6. What other General Asset	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name None  6. What other General Assets	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
No change  5. List any for Agreement Name  None  6. What other General Assets	e in strate	livery agreements or into	ergovernmental contracting Parties:	ets that will be used to imple	ment the strate ty for this Effective and Ending Dat
No change  5. List any for Agreement Name  None  6. What other General Assertion None necessary	e in strate	livery agreements or into	ergovernmental contracting Parties:  mplement the strategy nen will they take effect	ets that will be used to imple	ment the strate ty for this Effective and Ending Da
5. List any for Agreement Name None  6. What other General Assertion None necessary of the Control of the Contr	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe cessary	livery agreements or into Control (if any) will be used to it the changes, etc.), and where the changes is the changes in the	ergovernmental contracting Parties:  Implement the strategy nen will they take effection	for this service (e.g., ordinand)	ment the strate ty for this Effective and Ending Date
5. List any for Agreement Name None  6. What other General Assertion None necessary of the Name of the	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe essary  completing form:  er: (912) 3 e person who sh  nt with the servi	livery agreements or into Co  (if any) will be used to inte changes, etc.), and where the changes is the changes of the changes are changes at the changes at t	ergovernmental contractions Parties:  Implement the strategy men will they take effect and the strategy and the agencies when evaluate agencies when evaluate agencies when evaluates agencies agencies when evaluates agencies agencies when evaluates agencies agen	for this service (e.g., ordinars)  2-19-99  nating whether proposed localing the service (c.g., county (c.g.))	ment the strate ty for this  Effective and Ending Date  ces, resolutions, local act  government projects  commission Chairm
5. List any for Agreement Name None  6. What other General Assertion None necessistem of the consistent of the consisten	e in strate  rmal service de  e:  er mechanisms ( embly, rate or fe essary  completing form:  er: (912) 3 e person who sh  nt with the servi de designated c	livery agreements or into Co  (if any) will be used to inte changes, etc.), and where the changes is the changes of the changes are changes at the changes at t	ergovernmental contractions Parties:  Intracting Parties:  Implement the strategy nen will they take effect and parties when evaluate agencies when evaluate agencies when evaluate number(s) below:	for this service (e.g., ordinars)  2-19-99  ating whether proposed local gil Moore, County (county (co	ment the strate ty for this  Effective and Ending Da  ces, resolutions, local act  government projects  commission Chairs

## 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: LANIER		Service:	FIRE PROTECTION	
1. Check the box that best	describes the agreed	upon delivery arrangement for	his service:	
	he government, auth	ority or organization providing t	porated areas) by a single service provider. (If this he service.)	box
☐ Service will be provide	ded only in the unin	corporated portion of the county anization providing the service.)	by a single service provider. (If this box is checked	Ι,
			boundaries, and the service will not be provided in authority or organization providing the service.)	1
			boundaries, and the county will provide the service authority or organization providing the service.)	e in
	\			
		egible map delineating the service wit	ice area of each service provider, and identify the hin each service area.)	•
<ol> <li>In developing the strate</li> <li>yes ∑ no</li> </ol>	gy, were overlappin	ng service areas, unnecessary con	petition and/or duplication of this service identifie	d?
	ce O.C.G.A. 36-70-		continuing the arrangement (i.e., overlapping beduplication, or reasons that overlapping service are	
		e strategy, attach an implement and the agreed upon deadline for	ation schedule listing each step or action that will completing it.	be
			ndicate how the service will be funded (e.g., enterp xes, franchise taxes, impact fees, bonded indebted	
Local Government or Authority:	: Funding Method:	\		
Fire Department	City of	Lakeland - General	Fund	
	Lanier	County - General	Fund	
	1/	1		
	1			
No change in stra	ategy	\.	or funding this service within the county?	
5. List any formal service Agreement Name:	delivery agreement	s or intergovernmental contracts  Contracting Parties:	that will be used to implement the strategy for this:  Effective and Ending Date:	
Authority law				-
Additive law				
			this service (e.g., ordinances, resolutions, local acts	of th
None necessary	r ice changes, etc.),	and when will they take effect?	sel 6 22 grade to	
			71	
7. Person completing for	m:Mike	Morgan		
Phone number: (912)	333-5277	Date completed:	2-19-99	
are consistent with the se If not, provide designate	ervice delivery strate d contact person(s) a	gy? yes X no Virg	ng whether proposed local government projects 1 Moore, County Commission Chairma Lanier County (912) 482-2088	n

## 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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, t
should be reported to the Department of Community Affairs

County:	LANIER		Service:	JAIL	
. Check th	ne box that best d	lescribes the agreed upo	n delivery arrangement for	this service:	
is che			luding all cities and unincom or organization providing		gle service provider. (If this box
☐ Servi	ce will be provid		orated portion of the county ation providing the service.)		ovider. (If this box is checked,
			nly within their incorporated identify the government(s),		ervice will not be provided in on providing the service.)
			nly within their incorporated identify the government(s),		ounty will provide the service in on providing the service.)
			te map delineating the service with		ce provider, and identify the
	loping the strate	gy, were overlapping se	rvice areas, unnecessary cor	npetition and/or duplication	ation of this service identified?
higher leve		e O.C.G.A. 36-70-24(1)			ngement (i.e., overlapping but s that overlapping service areas
If these co	nditions will be	eliminated under the str	ategy, attach an implement the agreed upon deadline fo	The state of the s	each step or action that will be
					e will be funded (e.g., enterprise npact fees, bonded indebtedness,
Local Govern	ament or Authority:	Funding Method:			
Lanier	County	General Fu	nd		
No cha	inge in stra	tegy.	intergovernmental contracts Contracting Parties:		plement the strategy for this service  Effective and Ending Dates:
None					
-		***			
General A			o implement the strategy for when will they take effect?	this service (e.g., ordin	nances, resolutions, local acts of the
7. Person	completing for	m: Mike Morga	n		
	mber: (912)		Date completed:	2-19-99	
are consider If not, pro	stent with the second ovide designated	should be contacted by rvice delivery strategy? I contact person(s) and p	state agencies when evaluated yes no hone number(s) below:	ing whether proposed le	
Virgil	Moore, Cou	nty Commission C	hairman, Lanier Cou	inty (912) 482-	2088

00/22/00 10.02 W1 312 303 3312

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service in mea listed on Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) char should be reported to the Department of Community Affairs.

PA

	The second secon		***************************************	THE RESERVE THE PROPERTY OF THE PARTY OF THE
unty: LANIER		Service:	LIBRARY	
Check the box that best descri	bes the agreed u	spon delivery arrangement for t	his service:	
	vernment, autho	including all cities and unincor ority or organization providing t Library Board		e service provider. (If thi
Service will be provided or	nly in the uninco	orporated portion of the county nization providing the service.)		der. (If this boy is check
		e only within their incorporated ed, identify the government(s),		
		e only within their incorporated ted, identify the government(s),		
		gible map delineating the service wi		provider, and identify
2. In developing the strategy, v ☐ yes ☑ no	vere overlappin	g service areas, unnecessary con	mpetition and/or duplicat	tion of this service identif
	.C.G.A. 36-70-2	tegy, attach an explanation for 24(1)), overriding benefits of the		
If these conditions will be elim	inated under the	e strategy, attach an implemen and the agreed upon deadline fo		ach step or action that wi
		help to pay for this service and e district revenues, hotel/motel		
ocal Government or Authority:	Funding Method:			
Library Board	City of	Lakeland - General	Fund	
	Lanier (			
-				
No change in strates  5. List any formal service del Agreement Name:		ts or intergovernmental contract	s that will be used to im	plement the strategy for the
None				
6. What other mechanisms (	if any) will be u	sed to implement the strategy for	or this service (e.g., ordin	nances, resolutions, local
General Assembly, rate or fe	e changes, etc.),	, and when will they take effect	?	
None necessary				
7. Person completing form:		Mike Morgan		
7. Person completing form: Phone number: (912)		Mike Morgan  Date completed:	2-19-99	
Phone number: (912)	333-5277			ocal government project



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service should be reported to the Department of Community Affairs.	ce names listed on page

County:	LANIER		Service:	LIBRARY	
I. Check th	ne box that best des	cribes the agreed upon	delivery arrangement for	this service:	
X Servi	ce will be provided	countywide (i.e., inclu	ding all cities and uninco	ornorated areas) by a street	gle service provider. (If this box
Liciki	crand/ Lanier	County Joint Lib	rary Board		
identi	fy the government	authority or organizati	ated portion of the count on providing the service.	y by a single service prov )	vider. (If this box is checked,
One of uninc	or more cities will porporated areas. (I	provide this service only f this box is checked, id	within their incorporate entify the government(s)	d boundaries, and the ser, authority or organizatio	rvice will not be provided in providing the service.)
				/	
One of uninc	or more cities will porporated areas. (If	provide this service only f this box is checked, ide	within their incorporate entify the government(s)	d boundaries, and the con, authority or organizatio	unty will provide the service in n providing the service.)
gover	. (If this box is che nment, authority, o	cked, attach a legible r or other organization tha	nap delineating the ser- it will provide service wi	vice area of each service thin each service area.)	e provider, and identify the
			/		
2. In devel		were overlapping service	ce areas, unnecessary co	mpetition and/or duplicat	tion of this service identified?
higher leve	ditions will continued in the continued	D.C.G.A. 36-70-24(1)),	ttach an explanation for overriding benefits of the	r continuing the arrange duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these cor	ditions will be elir	minated under the strate	gy, attach an implemen agreed upon deadline fo		ach step or action that will be
aken to en	minate them, the it	sponsible party and the	agreed upon deadline to	r completing it.	
funds, user	fees, general fund	s, special service distric			will be funded (e.g., enterprise pact fees, bonded indebtedness, o
ocal Govern	ment or Authority:	Funding Method:	1		
Library	Board	City of Lake			
		Lanier County	y - General	Fund	
-					
		-	<del>\</del>		
4. How wi	ll the strategy char	ige the previous arrange	ments for providing and	or funding this service w	ithin the county?
No char	nge in strate	gy /			
			1		
		/			
			•	1	
£ 1 :	Complete del			that will be used to impl	ament the strategy for this carrie
Agreement N			ntracting Parties:	ulat will be used to impl	ement the strategy for this service Effective and Ending Dates:
		-	nuacting t aucs.		Effective and Entring Places.
Author	ity Law	-			
		-			
				<del></del>	
					inces, resolutions, local acts of th
General A	ssembly, rate or fe	e changes, etc.), and wh	en will they take effect?		Der 6 222 Wa
None n	ecessary			. \	Not G was
	/			\	P 09
	/			1	
	/				
7. Person	completing form:	Mi	ke Morgan		
Phone nur	mber:(912)	333-5277	_ Date completed:	2-19-99	
				ing whether proposed loc	cal government projects
If not, pro	vide designated co	entact person(s) and pho		Lanier Coun	
- Tacity	nayot,	orty of Dakeran	(712) 402-310	J	

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Take comba of this # *
take copies of this form and complete one for each service listed on page 1 Court error
Take 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 nould be reported to the Department of Community Affairs.
on page of this service district the contact person for this service district at the latter on page
fould be reported to the Department of Community Affairs
The state of Continuity Atlant.

County:	LANIER	Service: DUPLIC HOPE	
1. Check the box	that best desc	ribes the agreed upon delivery arrangement for this service:	5
☐ Service will	be provided	countywide (i.e., including all cities and unincorporated areas) by a sing overnment, authority or organization providing the service.)	le service provider. (If this box
☐ Service will	be provided	only in the unincorporated portion of the county by a single service provauthority or organization providing the service.)	ider. (If this box is checked,
One or more	cities will pr	ovide this service only within their incorporated boundaries, and the service this box is checked, identify the government(s), authority or organization	vice will not be provided in providing the service.)
City of 1 Lanier Co	Lakeland ounty s box is chec	rovide this service only within their incorporated boundaries, and the countries box is checked, identify the government(s), authority or organization ked, attach a legible map delineating the service area of each service other organization that will provide service within each service area.)	providing the service.)
2. In developing t  ☐ yes ☑ no	he strategy, v	vere overlapping service areas, unnecessary competition and/or duplicati	on of this service identified?
If these conditions higher levels of se or competition car	rvice (See O.	e under the strategy, attach an explanation for continuing the arrange C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons thated).	ement (i.e., overlapping but hat overlapping service areas
If these conditions	will be elim	inated under the strategy, attach an implementation schedule listing ea ponsible party and the agreed upon deadline for completing it.	ch step or action that will be
3. List each gover	nment or aut	hority that will help to pay for this service and indicate how the service version special service district revenues, hotel/motel taxes, franchise taxes, important	
ocal Government or		Funding Method:	
City of Lake	eland	General Fund	
Lanier Coun		General Fund	
	-		
4. How will the s		te the previous arrangements for providing and/or funding this service wing.	ithin the county?
5. List any formal	service deliv	very agreements or intergovernmental contracts that will be used to imple	
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
None			
		any) will be used to implement the strategy for this service (e.g., ordinar	nces, resolutions, local acts of th
General Assembl	y, rate or fee	changes, etc.), and when will they take effect?	
None necess	ary		
7. Person comple Phone number:			
		Date completed: 2-19-99  Ild be contacted by state agencies when evaluating whether proposed local	al government projects
are consistent wi	th the service	delivery strategy?  yes no Virgil Moore, County Cotact person(s) and phone number(s) below: (912) 482-2088	
Kathy Creed	, Mayor,	City of Lakeland (912) 482-3100	

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each cond.	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed of the service fluid by the same service names listed of the service fluid by the service fluid at the beauty of the service fluid at the service flui	
and the control person person below, attaching additional pages as necessary. If the contact person for this section of the same service names usted of	on page
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) chi	anges th

County:	LANIER	Se	ervice:	DOAD WATER	
1. Check t	he box that best de	scribes the agreed upon delivery an		ROAD MAINTEN	ANCE
is ch	ice will be provide ecked, identify the	d countywide (i.e., including all cit government, authority or organizat	ies and unincom	vorsted asses \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	service provider. (If this box
☐ Serv	ice will be provide	d only in the unincorporated portion, authority or organization providing	n of the county h		ler. (If this box is checked,
			*		
uning	corporated areas. (	provide this service only within the f this box is checked, identify the g	overnment(s), as	uthority or organization	ce will not be provided in providing the service.)
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	loping the strategy	, were overlapping service areas, un	inecessary comp	etition and/or duplication	n of this service identified?
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		minated under the strategy, attach a esponsible party and the agreed upo			h step or action that will be
		uthority that will help to pay for this			
ocal Govern	nment or Authority:	Funding Method:			
Lanier	County	General Fund			
A How w	ill the strategy sho	nge the previous arrangements for p	rouiding and/or	funding this service with	nin the county?
			roviding and/or	lunding this service with	in the county?
No cha	inge in strate	gy.			
5 List any	formal service de	livery agreements or intergovernme	ntal contracts the	at will be used to implem	nent the strategy for this service
Agreement		Contracting Parti		at will be used to imple	Effective and Ending Dates:
None					
Hone					
		if any) will be used to implement the		is service (e.g., ordinanc	es, resolutions, local acts of th
General A	assembly, rate or in	e changes, etc.), and when will they	take effect?		
Not no	ecessary			•	
	completing form:			0.110.00	
		333-5277 Date com	•	2-19-99	
are consis	stent with the servi	ould be contacted by state agencies be delivery strategy?  yes  sontact person(s) and phone number(	no '	whether proposed local	government projects
-		ty Commission Chairman,		ity (912) 482-208	RR
	, oodi	-) commission chairman,	Lanter Coun	()12) 402-200	

SUMMAR. SERVICE DELIVERY ARRANGEMES APR 18 2005 PAGE 2

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Make copi	les of this form and complete	page 1. Section III lies exactly the	
should be r	ch question below, attaching additional pages as necessary. If the eported to the Department of Community Affairs.	s contact person for this service (listed at the bottom	names listed on page 1 of the page) changes, the

ounty: LANTER		
- Inthit Like	Service: SOLID WASTE MA	ANAGEMENT
Service will be provide	describes the agreed upon delivery arrangement for this service:	
	ded countywide (i.e., including all cities and unincorporated areas he government, authority or organization providing the service.)	
Service will be provide identify the government	ded only in the unincorporated portion of the county by a single seent, authority or organization providing the service.)	ervice provider. (If this box is checked,
One or more cities wi unincorporated areas.	ill provide this service only within their incorporated boundaries, a . (If this box is checked, identify the government(s), authority or o	and the service will not be provided in rganization providing the service.)
One or more cities wi unincorporated areas. City of Lakela Lanier County	ill provide this service only within their incorporated boundaries, a. (If this box is checked, identify the government(s), authority or o	and the county will provide the service in rganization providing the service.)
Other. (If this box is	checked, attach a legible map delineating the service area of ea y, or other organization that will provide service within each servi	ach service provider, and identify the ice area.)
In developing the strate	gy, were overlapping service areas, unnecessary competition and/	or duplication of this service identified?
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these conditions will be	eliminated under the strategy, attach an implementation schedu ne responsible party and the agreed upon deadline for completing i	le listing each step or action that will be
3. List each government o	or authority that will help to pay for this service and indicate how to funds, special service district revenues, hotel/motel taxes, franchise	he service will be funded (e.g., enterprise
ocal Government or Authority:	: Funding Method:	
City of Lakeland	User Fees, General Fund	
Lanier County	User Fees, General Fund	
No change in	change the previous arrangements for providing and/or funding this strategy  e delivery agreements or intergovernmental contracts that will be used.  Contracting Parties:	
None		
	ms (if any) will be used to implement the strategy for this service or fee changes, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of th
None Necessary		
7. Person completing fo	orm: Mike Morgan	
Phone number: (229)		
8. Is this the person who are consistent with the s		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1 taching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this trent of Community Affairs.
additional pages as necessary. If the contact person for this service (listed at the bottom of the nage) change

County: LANI	ER	Service:	SOLID WASTE MANAGEMENT	
1. Check the box that be	est describes the agreed up	oon delivery arrangement for		
☐ Service will be pre	ovided countywide (i.e., in		rporated areas) by a single service provide	er. (If this box
Service will be pro- identify the govern	ovided only in the unincomment, authority or organi	porated portion of the county zation providing the service.)	by a single service provider. (If this box	is checked,
One or more cities unincorporated are	will provide this service eas. (If this box is checked	only within their incorporated, identify the government(s),	boundaries, and the service will not be p authority or organization providing the se	rovided in ervice.)
One or more cities unincorporated are City of Lake Lanier Coun	eas. (If this box is checked land	only within their incorporated, identify the government(s),	boundaries, and the county will provide authority or organization providing the se	the service in rvice.)
Other. (If this box	is checked, attach a legi	ble map delineating the service with	ice area of each service provider, and ic hin each service area.)	dentify the
2. In developing the str  ☐ yes ☑ no	ategy, were overlapping s	ervice areas, unnecessary con	npetition and/or duplication of this service	identified?
If these conditions will	(See O.C.G.A. 36-70-24(		r continuing the arrangement (i.e., over duplication, or reasons that overlapping s	
If these conditions will	be eliminated under the st	rategy, attach an implement I the agreed upon deadline for	ation schedule listing each step or action completing it.	that will be
			ndicate how the service will be funded (e. xes, franchise taxes, impact fees, bonded	
Local Government or Author	ity: Funding Method:	/		
City of Lakelan	d Hear Face	General Fund		
Lanier County	General Fu			
4. How will the strateg	y change the previous arra		or funding this service within the county?	
No change in st	rategy.	KEY	118/05	
		4,	118/05	
5. List any formal servi	ce delivery agreements or	intergovernmental contracts Contracting Parties:	that will be used to implement the strategy Effective and E	
None				
	<u> </u>			
/				
			this service (e.g., ordinances, resolutions,	local acts of the
None necessary	e or fee changes, etc.), and	when will they take effect?		
1				
7. Person completing	form:	ike Morgan		
		Date completed:	2-19-99	
8. Is this the person w	ho should be contacted by	state agencies when evaluati	ng whether proposed local government pro	ojects
If not, provide designa	ted contact person(s) and	phone number(s) below: land (912) 482-3100	Moore, County Commission Ch Lanier County (912) 482-20	airman 88

#### 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:	LANII	ER	Service:	SOCIAL SERVICES
1. Check the box ti	nat best des	cribes the agreed up	on delivery arrangement for	this service:
Service will is checked, in Lanier Co	dentify the	countywide (i.e., in government, authorit	cluding all cities and uninco y or organization providing	erporated areas) by a single service provider. (If this b the service.)
☐ Service will	e provided	only in the unincorp authority or organiz	porated portion of the county action providing the service.	y by a single service provider. (If this box is checked,
One or more unincorporate	cities will ped areas. (If	provide this service of this box is checked,	only within their incorporate identify the government(s).	d boundaries, and the service will not be provided in authority or organization providing the service.)
One or more unincorporate	cities will ped areas. (If	provide this service of this box is checked	only within their incorporate , identify the government(s)	d boundaries, and the county will provide the service, authority or organization providing the service.)
			le map delineating the ser that will provide service wi	vice area of each service provider, and identify the thin each service area.)
2. In developing t  ☐ yes ☒ no	he strategy,	were overlapping se	ervice areas, unnecessary co	mpetition and/or duplication of this service identified
	rvice (See C	D.C.G.A. 36-70-24(1		or continuing the arrangement (i.e., overlapping but e duplication, or reasons that overlapping service area
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				indicate how the service will be funded (e.g., enterpri axes, franchise taxes, impact fees, bonded indebtedne
Local Government or	Authority:	Funding Method:		
Lanier Count	у	General Fu	nd	
		-		
4. How will the s			ngements for providing and	for funding this service within the county?
5. List any formal Agreement Name:	service del	ivery agreements or	intergovernmental contracts Contracting Parties:	that will be used to implement the strategy for this se Effective and Ending Dates:
None	21-2-			
	y, rate or fe		to implement the strategy for when will they take effect?	r this service (e.g., ordinances, resolutions, local acts of
7	-	Mike Morga		
Phone number:	(912	) 333-5277	Date completed:	2-19-99
are consistent wi	th the servi	ontact person(s) and	yes no phone number(s) below:	unty (912) 482-2088

# 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:	LANIER	Service	PUBLIC I	HEALTH
. Check the box th	at best describes the agr	reed upon delivery arrange		
Service will be is checked, id Lanier Co	entify the government,	(i.e., including all cities an authority or organization p	d unincorporated areas) by roviding the service.)	a single service provider. (If this box
Service will b	e provided only in the u	nincorporated portion of the organization providing the	he county by a single service service.)	provider. (If this box is checked,
One or more unincorporate	cities will provide this sed areas. (If this box is c	ervice only within their inc hecked, identify the govern	corporated boundaries, and t nment(s), authority or organ	he service will not be provided in ization providing the service.)
One or more unincorporate	cities will provide this sed areas. (If this box is c	ervice only within their inc hecked, identify the govern	corporated boundaries, and to nment(s), authority or organ	he county will provide the service in ization providing the service.)
			the service area of each service within each service ar	ervice provider, and identify the ea.)
2. In developing th  ☐ yes ☑ no	ne strategy, were overlap	oping service areas, unnece	essary competition and/or du	plication of this service identified?
higher levels of ser				rrangement (i.e., overlapping but sons that overlapping service areas
If these conditions	will be eliminated unde	r the strategy, attach an in		ting each step or action that will be
				rvice will be funded (e.g., enterprise es, impact fees, bonded indebtedness,
Local Government or	Authority: Funding Meth	od:		
Lanier Count	y Gener	al Fund		*1000
				the second secon
No change in	n strategy.		ding and/or funding this service of the contracts that will be used to	o implement the strategy for this service
None				
	y, rate or fee changes, et	e used to implement the str c.), and when will they tak		ordinances, resolutions, local acts of the
	eting form:		ed: 2-19-99	
				•
are consistent with If not, provide de	th the service delivery st signated contact person	cted by state agencies whe rategy? yes \(\infty\) no ` (s) and phone number(s) be sion Chairman, Lan	elow:	ed local government projects 482-2088

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, should be reported to the Department of Community Affairs.
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County:	LANIER	Service:	CEMETERIES	
I. Check the box that be	est describes the agreed up	on delivery arrangement for	his service:	
		ncluding all cities and unincorty or organization providing	porated areas) by a single service p he service.)	rovider. (If this box
Service will be pro- identify the govern	ovided only in the unincornment, authority or organi	porated portion of the county zation providing the service.)	by a single service provider. (If thi	s box is checked,
	eas. (If this box is checked		boundaries, and the service will no authority or organization providing	
One or more cities unincorporated are	s will provide this service eas. (If this box is checked	only within their incorporated, identify the government(s),	boundaries, and the county will prauthority or organization providing	ovide the service in the service.)
		ble map delineating the serving that will provide service with	ice area of each service provider, hin each service area.)	and identify the
2. In developing the str	ategy, were overlapping s	ervice areas, unnecessary con	npetition and/or duplication of this	service identified?
If these conditions will	(See O.C.G.A. 36-70-24(		continuing the arrangement (i.e duplication, or reasons that overlap	
If these conditions will	be eliminated under the st	rategy, attach an implement I the agreed upon deadline for	ation schedule listing each step or completing it.	action that will be
			ndicate how the service will be fun- xes, franchise taxes, impact fees, b	
Local Government or Author	rity: Funding Method:			
City of Lakelan	d General Fi	ınd		
No change in st	rategy.		or funding this service within the co	
Agreement Name:	ace delivery agreements of	Contracting Parties:	Annual Control of the	e and Ending Dates:
None				
6. What other mechan General Assembly, rat None necessary	isms (if any) will be used e or fee changes, etc.), and	to implement the strategy for when will they take effect?	this service (e.g., ordinances, resolu	itions, local acts of the
7. Person completing				
Phone number:		Date completed:	2-19-99	
are consistent with the If not, provide designs	the should be contacted by a service delivery strategy? ated contact person(s) and ayor, City of Lake	yes ⊠ no phone number(s) below:	ng whether proposed local governm	ent projects

### SPRVICE DELIVERY STRATEGY

SUMMAR. JF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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Check the box that best describes the agreed upon delivery arrangement for this service:    Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this pox is checked, identify the government, authority or organization providing the service.)    Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)    One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)    One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.)    One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.)    Other organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)    Other organization provides the service in unincorporated areas of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)    Other organization that will provide service within each service area.)    In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?    yes   no   or notice it is service or each service identified?   yes   no   or notice it is service identified?   or notice it is service identified?   or notice it is service it is service identified?   or notice it is service it is service.	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 si is checked, identify the government, authority or organization providing the service.)  Service will be provided only in the unincorporated portion of the county by a single service pridentify the government, authority or organization providing the service.)  One or more cities will provide this service only within their incorporated boundaries, and the unincorporated areas. (If this box is checked, identify the government(s), authority or organization or more cities will provide this service only within their incorporated boundaries, and the unincorporated areas. (If this box is checked, identify the government(s), authority or organization of the county of the service area of each sergovernment, authority, or other organization that will provide service within each service area of each sergovernment, authority, or other organization that will provide service within each service area.  In developing the strategy, were overlapping service areas, unnecessary competition and/or duples.	service will not be provided intion providing the service.)  county will provide the service in ation providing the service.)  vice provider, and identify the
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government, authority, or other organization that will provide service within each service area.)  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?    yes   no	government, authority, or other organization that will provide service within each service area.  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplet.	ı.)
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Phone number:(912)333-5277	General Assembly, rate or fee changes, etc.), and when will they take effect?	ordinances, resolutions, local acis of th
Phone number: _(912)_333-5277 Date completed: _June_22, 1999  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes _ no	7 Percentage from Mike Morgan	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?   yes  no	7. Letson completing total.	
	8. Is this the person who should be contacted by state agencies when evaluating whether proposer consistent with the service delivery strategy?	sed local government projects

DERTICE DEBLIER STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2



#### Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

ounty:	ANIER	Service:	COURT	
Check the box that best d	escribes the agreed	upon delivery arrangement for th	is service:	
		., including all cities and unincorp nority or organization providing th		single service provider. (If this box
		corporated portion of the county to anization providing the service.)	by a single service	provider. (If this box is checked,
	(If this box is chec	ice only within their incorporated ked, identify the government(s), a		
		ice only within their incorporated ked, identify the government(s), a		e county will provide the service in ation providing the service.)
		egible map delineating the service with		
		\ /		
. In developing the strate,  ☐ yes 図 no	gy, were overlappi	ng service areas, unnecessary com	petition and/or dup	dication of this service identified?
f these conditions will cor	e O.C.G.A. 36-70	ategy, attach an explanation for 24(1)), overriding benefits of the	continuing the arduplication, or reas	rangement (i.e., overlapping but ons that overlapping service areas
f these conditions will be	eliminated under th	ne strategy, attach an implements and the agreed upon deadline for		ng each step or action that will be
	/	1		
3. List each government of unds, user fees, general f	r authority that wil unds, special service	I help to pay for this service and in the district revenues, hotel/motel ta	ndicate how the ser xes, franchise taxes	vice will be funded (e.g., enterprise s, impact fees, bonded indebtedness,
ocal Government or Authority:	Funding Method	\		
City of Lakeland	Genera	al Fund, Fees		
	_/	<u> </u>	·	PA-1 (PA-1) (PA-1)
	/			
	1			
	/	1		
No change in stra	cegy.	ats or intergovernmental contracts  Contracting Parties:		implement the strategy for this servi
None		Contracting Factors.		Effective and Ending Dates.
Tione -		1		
		1	-	
6. What other mechanism General Assembly, rate of None necessary	ns (if any) will be or fee changes, etc.	used to implement the strategy for ), and when will they take effect?	this service (e.g., o	ordinances, resolutions, local acts of t
7. Person completing fo		Morgan		
Phone number:(91		Date completed:	2-19-99	
are consistent with the so If not, provide designate	ervice delivery stra d contact person(s'	ed by state agencies when evaluating? yes no and phone number(s) below:  ukeland (912) 482-3100		ed local government projects

#### DERTICE DEBITER FORMATEGE

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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, should be reported to the Department of Community Affairs.	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this

PAGE 2

unty:	LANIER		Service:	PUBLIC HOUSI	NG
Check the b	ox that best descri	bes the agreed upon	delivery arrangement for	his service:	
			or organization providing		ervice provider. (If this box
			rated portion of the county ion providing the service.)	by a single service provide	r. (If this box is checked,
unincorp				boundaries, and the service authority or organization pr	
				boundaries, and the county authority or organization pr	y will provide the service in roviding the service.)
			map delineating the service will	rice area of each service pr hin each service area.)	rovider, and identify the
In develop	-	vere overlapping serv	vice areas, unnecessary con	npetition and/or duplication	of this service identified?
these condi	tions will continue	C.G.A. 36-70-24(1)	attach an explanation for , overriding benefits of the	r continuing the arrangen duplication, or reasons tha	nent (i.e., overlapping but t overlapping service areas
f these condi	itions will be elim	inated under the strat	tegy, attach an Implemen ne agreed upon deadline fo	tation schedule listing each r completing it.	step or action that will be
					II be funded (e.g., enterprise it fees, bonded indebtedness
cal Governme	ent or Authority:	Funding Method:			
City of	Lakeland	General Fu	ind		
				4	
			gements for providing and	or funding this service with	nin the county?
No change	e in strategy	,			
			•		
5 List any f	ormal service deli	very agreements or i	ntergovernmental contract	s that will be used to implen	nent the strategy for this ser
Agreement Na		and the second second	Contracting Parties:	that will be asset to improve	Effective and Ending Dates:
None					
6. What oth	ner mechanisms (i	f any) will be used to	implement the strategy for when will they take effect?	r this service (e.g., ordinand	ces, resolutions, local acts of
General As	sembly, rate of fee	changes, etc.), and	when will they take effect:		
None nec	essary				
7. Person c	ompleting form:	M:	ike Morgan		
			Date completed:	2-19-99	
8. Is this th	ene person who sho	uld be contacted by a	state agencies when evalua	ting whether proposed local	government projects
If not, prov	ide designated con	ntact person(s) and p	hone number(s) below: and (912) 482-3100		

#### SERVICE DELIVERY STRATEGY PAGE 2

#### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

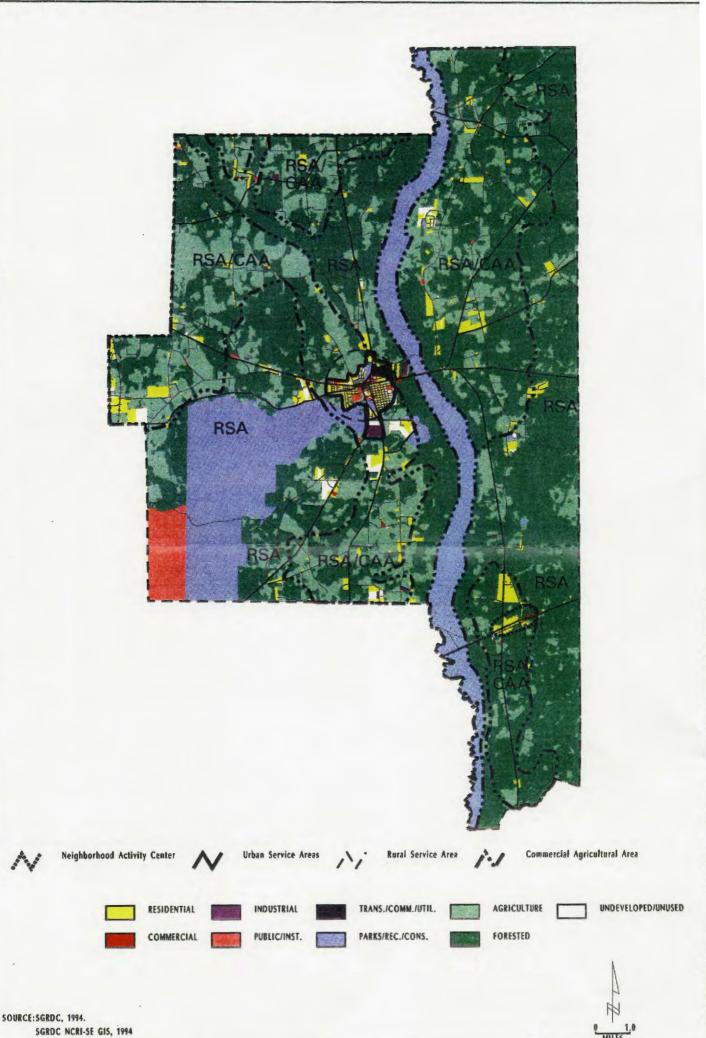
	LANIER		Service:	SANITARY	SEWER	COLLECTION	N AND TREATMENT
	x that best describe	s the agreed upo	n delivery arrangemen	t for this service	e:		-
						a single service	e provider. (If this box
is checked	d, identify the gover	rnment, authority	or organization provi	ding the service	e.)		
Service w identify th	rill be provided only ne government, auth	in the unincorpority or organization	orated portion of the cation providing the ser	ounty by a sing	le service	e provider. (If	this box is checked,
unincorpo			nly within their incorp identify the governme				
			nly within their incorp identify the governme				provide the service in ing the service.)
			le map delineating th that will provide servi				er, and identify the
In developi	-	e overlapping se	ervice areas, unnecessa	ry competition	and/or di	uplication of th	nis service identified?
gher levels		G.A. 36-70-24(1	y, attach an explanat )), overriding benefits				
ken to elimi	nate them, the responsible overnment or authorized	onsible party and ority that will help	rategy, attach an impl the agreed upon dead p to pay for this servic strict revenues, hotel/n	ine for complete and indicate h	ting it.	ervice will be	funded (e.g., enterprise s, bonded indebtedness
cal Governmen	nt or Authority: Fu	nding Method:					
City of I	Lakeland	User Fee	es				
			7-11-12-1				and with the
		7					
	the strategy change	the previous arra	angements for providing	g and/or fundir	ng this se	rvice within th	e county?
5. List any fo		ry agreements or	intergovernmental co	ntracts that will	be used		the strategy for this ser
Agreement Iva			Conducting Faues.			Li	recuve and Linding Dates.
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None							***
None							
None			to implement the strat	egy for this ser	vice (e.g.	, ordinances, r	esolutions, local acts of
6. What oth	er mechanisms (if a embly, rate or fee c	nny) will be used hanges, etc.), and	d when will they take	effect?			

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

yes 
no If not, provide designated contact person(s) and phone number(s) below: Kathy Creed, Mayor, City of Lakeland (912) 482-3100

#### NOTE: WATER AND SEWER SERVICE AREAS SHOWN ON MAP III - 1: LANIER COUNTY FUTURE LAND USE

All land areas with the "Urban Service Area" boundary line have or are projected to have water and sanitary sewer services by 2015. This boundary includes lands the City of Lakeland will have to annex prior to provision of infrastructure services.



MAP III-1 LANIER COUNTY FUTURE LAND USE

#### 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: LANIER		Service:	STORM WATER MANA	GEMENT
	scribes the agreed v	pon delivery arrangement for the		NO DETENT
		including all cities and unincorrity or organization providing the		ice provider. (If this box
		orporated portion of the county nization providing the service.)	by a single service provider. (	If this box is checked,
	f this box is checked	e only within their incorporated ed, identify the government(s),		
		e only within their incorporated ed, identify the government(s),		
	The state of the s	tible map delineating the service with		ider, and identify the
2. In developing the strategy  ☐ yes ☐ no	, were overlapping	service areas, unnecessary con	petition and/or duplication of	this service identified?
If these conditions will conti	O.C.G.A. 36-70-24	egy, attach an explanation for l(1)), overriding benefits of the	continuing the arrangemen duplication, or reasons that or	t (i.e., overlapping but verlapping service areas
If these conditions will be el	iminated under the	strategy, attach an implement nd the agreed upon deadline for		ep or action that will be
3. List each government or a	authority that will h	elp to pay for this service and in district revenues, hotel/motel ta	ndicate how the service will b	e funded (e.g., enterprise
ocal Government or Authority:	Funding Method:			
City of Lakeland	General	Funds		
City Of Lakeland	General	runus		
No change in strate	gy.	or intergovernmental contracts Contracting Parties:	that will be used to implemen	
None				
	fee changes, etc.), a	d to implement the strategy for nd when will they take effect?	this service (e.g., ordinances,	resolutions, local acts of the
7. Person completing form	CONTRACTOR OF THE PARTY		0.10.00	-
Phone number: (912)	333-5277	Date completed:	2-19-99	
are consistent with the serv If not, provide designated of	ice delivery stratege contact person(s) an			vernment projects

#### 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: LAN	NIER	Service: WA'	TER SUPPLY TREATMEN	T AND DISTRIBUTION
1. Check the box that best des	scribes the agreed upo			
		cluding all cities and uninco y or organization providing		service provider. (If this box
		orated portion of the count ation providing the service.	y by a single service provid .)	er. (If this box is checked,
			ed boundaries, and the servi , authority or organization p	
			ed boundaries, and the coun ), authority or organization p	ty will provide the service in providing the service.)
		le map delineating the ser that will provide service w	rvice area of each service p ithin each service area.)	provider, and identify the
2. In developing the strategy  yes no	, were overlapping se	rvice areas, unnecessary co	ompetition and/or duplicatio	on of this service identified?
If these conditions will conti- higher levels of service (See or competition cannot be elir	O.C.G.A. 36-70-24(1			
If these conditions will be elitaken to eliminate them, the	iminated under the str			h step or action that will be
				ill be funded (e.g., enterprise ct fees, bonded indebtedness, et
Local Government or Authority:	Funding Method:			
City of Lakeland	User Fees			
4. How will the strategy change in strategy  5. List any formal service de Agreement Name:	у			ment the strategy for this service  Effective and Ending Dates:
None				
6. What other mechanisms General Assembly, rate or f None necessary				ces, resolutions, local acts of the
7. Person completing form	. M4b.	o Morgan		
Phone number: (9			2-19-99	
8. Is this the person who share consistent with the serv. If not, provide designated of	nould be contacted by ice delivery strategy? contact person(s) and p	state agencies when evalua yes X no phone number(s) below:	ating whether proposed local	l government projects
Kathy Creed, Mayor,	City of Lakelan	nd (912) 482-3100	)	

SUMMAR. JF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

## 06/22/99 16:25 **31** 912 333 5312 SOUTH GA RDC STRVICE DELIVERY STRATEGY

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, the	his
should be reported to the Department of Community Affairs.	

nty:	LAN	IER	COUNTY		Service:	SHERIFF	-
neck	the box	that	best descri	bes the agreed upon	delivery arrangement f	or this service:	
is c	hecked	, iden	tify the go		or organization providi		le service provider. (If this box
Ser	vice w	Il be	provided o	nly in the unincorpor			rider. (If this box is checked,
						ated boundaries, and the ser (s), authority or organizatio	rvice will not be provided in n providing the service.)
						ated boundaries, and the co (s), authority or organizatio	unty will provide the service in providing the service.)
						service area of each service within each service area.)	e provider, and identify the
	evelopii yes 🔀	-	strategy,	were overlapping ser	vice areas, unnecessary	competition and/or duplics	ation of this service identified?
gher I	levels o	fserv		.C.G.A. 36-70-24(1)			ngement (i.e., overlapping but s that overlapping service areas
					tegy, <b>attach an impl</b> en he agreed upon deadlin		each step or action that will be
							e will be funded (e.g., enterprise npact fees, bonded indebted less, e
al Go	vernmer	t or A	uthority:	Funding Method:			
LANI	LER CO	UNTY	7	County Revenu	es		
			-	,,,,,,	100	the first of the state of the s	and the state of t
No 5. List	o Chai	nge :	in Strat	egy	,	and/or funding this service	uplement the strategy for this service  Effective and Ending Dates:
Non	ne ne	cess	ary				
		-					
6 W	hat ath		aboniama (	(f ) (11 ) 1 .			
Gene	ral Ass	embly	, rate or fe	e changes, etc.), and	when will they take eff	y for this service (e.g., ordi	nances, resolutions, local ac s of th
							0
							No as
							in
			ting form:				
		-	(912) 3			June 22, 1999	
are c	onsiste	nt wit	une geral	ce delivery strategy?	state agencies when ev yes vno phone number(s) below nty Commission	duating whether proposed (912) 482-2088	local government projects

### PAGE 3

County:

#### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing

Instructions:

LANIER

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.

o incompatibilities or conflicts:	
Consistent land use plans were prepared by Sout and the City of Lakeland as part of the Growth	
canier County and the City of Lakeland have joi compatible land subdivision ordinances.	nt planning advisory commission and
2. Check the boxes indicating how these incompatibilities or conflic	ts were addressed: Not Applicable
amendments to existing comprehensive plans adoption of a joint comprehensive plan other measures (amend zoning ordinances, add environmental regulations, etc.)  If "other measures" was checked, describe these measures:	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.
advisory recommendations to county. County no list of possible conditions). If objection, co	ommission. Countywide planning commission make tifies city of no objection or bona fide (with tity responds (1) agreeing to conditions; (2)
City notifies county and countywide planning cadvisory recommendations to county. County no	ommission. Countywide planning commission make tifies city of no objection or bona fide (with lity responds (1) agreeing to conditions; (2) and (4) seeks declaratory judgment in court.
City notifies county and countywide planning cadvisory recommendations to county. County no list of possible conditions). If objection, county and stop annexation; (3) initiates mediation; of the stop annexation; (3) initiates mediation; of the stop annexation of this Service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service water and sever service will be continued to the provision of extraterritorial water and sever service water and sever service water and sever service will be continued to the provision of extraterritorial water and sever service water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of extraterritorial water and sever service will be continued to the provision of the provision of extraterritorial water and sever service will be continued to the provision of t	ommission. Countywide planning commission make tifies city of no objection or bona fide (with lity responds (1) agreeing to conditions; (2) and (4) seeks declaratory judgment in court.  The ded by local governments (and water and sewer authorities) to insistent with all applicable land use plans and ordinances?  The jurisdictions of Lanier County agree and sewer services shall be consistent with The notification of intent to extend services the proposed projects and an opportunity the planned extension to ensure that the new
City notifies county and countywide planning cadvisory recommendations to county. County no list of possible conditions). If objection, county sto stop annexation; (3) initiates mediation; of the stop annexation; (3) initiates mediation; of the stop annexation and/or processes have been established that new extraterritorial water and sewer service will be consumed that new extraterritorial water and sewer service will be consumed that the provision of extraterritorial water and all-applicable land use plans and ordinances. Extraterritorially shall include a synopsis of for the affected local government to review the services are consistent with all applicable land.  5. Person completing form:  Mike Morgan	ommission. Countywide planning commission make tifies city of no objection or bona fide (with lity responds (1) agreeing to conditions; (2) and (4) seeks declaratory judgment in court.  The ded by local governments (and water and sewer authorities) to insistent with all applicable land use plans and ordinances?  The jurisdictions of Lanier County agree and sewer services shall be consistent with the notification of intent to extend services the proposed projects and an opportunity the planned extension to ensure that the new and use plans and ordinances.

#### 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	LANIER	COUNTY
		COUNT

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));
- 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)).

Virgil L. Moore  Kathy Creed	Chairman Mayor	Lanier County City of Lakeland	

#### MEMORANDUM OF AGREEMENT

STATE OF GEORGIA, COUNTY OF LANIER.



WHEREAS, the City of Lakeland and Lanier County have cooperated in the past years in providing the citizens of the city and county with the following services: animal control, fire protection, jails, libraries, parks and recreation, and road/street maintenance;

WHEREAS, there has never been a written agreement between the city and county in providing the citizens with these services;

WHEREAS, the City of Lakeland and Lanier County hereby agree to continue to work together in providing the citizens of the city and county with the services above. This 9-day of February, 1997. LANIER COUNTY BOARD OF COMMISSIONERS ATTEST: CLERK TO THE LANIER COUNTY BOARD OF **COMMISSIONERS** Member (SEAL) Member CITY OF LAKELAND ATTEST: Councilman Councilman CITY COUNCIL OF THE CITY OF LAKELAND Councilman C:\WPDOC\$\MEMAGMT.LC

# RESOLUTION FOR ADOPTION OF LANIER SERVICE DELIVERY STRATEGY

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Lanier County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Lanier County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area; (2) an assignment as to the provider of the service; (3) a description of the funding sources, and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Lanier County pages 1-4, herein after referred to a the Lanier Service Delivery Strategy.

By Adoption of this resolution Lanier County hereby adopts the Lanier Service Delivery Strategy and authorizes the chairman to sign the Lanier Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the chairman to certify that the Lanier Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy; (2) promotes the most efficient, effective and responsive delivery of services; (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher; (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances; (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues, and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this of May, 1999.

Virgil Moore, Chairman

Lanier County Board of Commissioners

Bonnie Ganas, Lanier County Clerk

#### RESOLUTION FOR ADOPTION OF LANIER SERVICE DELIVERY STRATEGY

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The Lanier County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area; (2) an assignment as to the provider of the service; (3) a description of the funding sources, and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Lanier County pages 1-4, herein after referred to a the Lanier Service Delivery Strategy.

By Adoption of this resolution the City of Lakeland hereby adopts the Lanier Service Delivery Strategy and authorizes the mayor to sign the Lanier Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the mayor to certify that the Lanier Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy; (2) promotes the most efficient, effective and responsive delivery of services; (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher; (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances; (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues, and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 10 day of May, 1999.

Kathy Creed, Mayor of Lakeland

Mary Allen, Lakeland City Clerk

### LANIER COUNTY INTERGOVERNMENTAL AGREEMENT

### Process for Provision of Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Lanier County, which include the Lanier County Board of Commissioners, and the Mayor/Council of the City of Lakeland have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2015 Greater Lanier Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

WHEREAS, these governments have formed a joint countywide Planning Advisory Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by either jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

**NOW THEREFORE BE IT RESOLVED THAT:** The City of Lakeland and Lanier County, hereby agree to implement the following process for the provision of extraterritorial water and sewer services effective May 1, 1999.

1. Prior to initiating any extension of water or sewer services outside the boundaries of Lakeland the City will notify the county government of the proposed extension. The notification will include, at a minimum, information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use) and the current land use and zoning classification. For the purposes of official notification of the county as required by this agreement, notification of the county shall be achieved by delivery of the required information to the county clerk.

Concurrent with the notification of the county, the city will forward the proposed extraterritorial extension data required above to the Lakeland / Lanier County Planning Advisory Commission for its review and recommendation. Lanier County and Lakeland recognize that role of the "plan caretakers" rests with their planning advisory commission, and agree that the planning advisory commission's recommendation will be given full and complete consideration in the extraterritorial water and sewer services

- 2. Within fifteen working days following receipt of the above information, the county will forward to the city a statement:
  - (a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; **or**
  - (b) Describing **its objections** to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.
- 4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:
  - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension;
  - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
  - (c) initiating a 30-day (maximum) **Mediation** process to discuss possible compromises; **or**
  - (d) Disagreeing that the county's objection is bona fide and notifying the county that the city will seek a declaratory judgement.

If the city initiates 4(c) Mediation, the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
  - (a) Will abandon and not proceed with the proposed extension, or
  - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the City is free to proceed with the extraterritorial water and sewer service.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this 10 day of 1999.

Attest

Authorized Representative of Lanier County

Board of Commissioners

Mary L. aller Attest

Authorized Representative of City of Lakeland

## South Georgia

**Regional Development Center** 

P. O. Box 1223 • 327 W. Savannah Ave. • Valdosta, Georgia • 31603 • Phone: (912) 333-5277 • GIST: 349-5277 • FAX (912) 333-312

#### **FAX TRANSMITTAL**

DATE: TO: COMPANY:	JUNE 22, 1999 Mr. Kevin DuBose Ms. Stefanie MORAN  DCA	_ SENT BY: _	MIKE MORGAN
FAX NUMBER	404.679-0646		(912) 333-5312
	PAGES (INCLUDING COVER):	8	·
MESSAGE:	I've gain Lanier Lakeland approval of to the Lanier County	revisions	and additions
-			
PLEAS	SE NOTIFY SENDER IF YOU DO N	OT RECEIVE	ALL PAGES. THANK YOU.

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# GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Jim Higdon COMMISSIONER Roy & Barnes GOVERNOR

# **Urgent Fax**

To: Chief Elected Officials	From:	Kevin DuBose
Fax: 912-482-8333 912-482-3390		_
Phonet	Date:	06/21/99
Re:	CC:	

We have not yet received a response to the deficiencies that were identified in reviewing the Service Delivery Strategy for Lanter County. Please remember that the Service Delivery Strategy law allows DCA up to 30 days to review a Strategy. According to our records, there is a balance of 23 remaining review days for your Strategy. Since the July 1, 1999 deadline is less than 10 days away, it is possible that the County and its Cities could face sanctions for non-compliance if either of the following two situations occur. 1) the local governments submit the necessary

#### Service Delivery Strategy Completeness Checklist

De growth 22

(To be completed within 2 business days of receipt)

Lanier County

Date Received 5-18-99 Completeness Review Completed 5-24-99 Reviewer's Name S. Moran Page 1 All local governments located wholly or partially in the County are listed in Block II. (List may also include local Authorities.) Note: Use DCA information regarding location of city governments to make this determination. Services included in strategy (Block III) are titled identically to the individual services that are summarized on Page 2s in the strategy. Basic services common to local governments are not omitted from the strategy (e.g., law enforcement, fire protection, recreation, road maintenance, etc.). Page 2 (there will be many of these) An individual Page 2 is included for each service included in the strategy. Page 3 Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached. Page 4 Certifications - Required Signatures Note: Use DCA 1990 population information to determine if the required number of local governments have agreed to the strategy. County government County seat city government All cities over 9,000 in population At least 1/2 of all cities with a population between 500 and 9,000 Strategy is complete and ready for verification review Strategy is incomplete and missing the following items:

Several services list Authority Law in Housing + Dev- Authorities exit.

#### Verification: Summary of Service Delivery Arrangements

Ins	structions for Reviewer:	,		··· ,	Service
••••	<ul> <li>A review of each individual Page 2 within the strategy will be necess.</li> <li>One copy of this form should be completed for each page 2 in the strategy.</li> </ul>		plete this ster	o.	
	Question 1				
	One of the five options is selected.			_ No	
	Note: If box 5 is selected, a legible map (or narrative description of service areas) is attached identifying which entities provide this service in what geographic areas.		Yes	_ No	_
	Question 2				
	If "Yes" is checked, either:				
	(1) an "explanation for continuing the arrangement" statement; or	N/A	Yes	No	
	(2) an "implementation schedule" to eliminate problems with the service is attached.	N/A	Yes	No	
•	Question 3				
	<ul> <li>Local government(s) paying for the service and funding method(s) are identified.</li> </ul>		Yes	_ No	_
	Note: The local governments/authorities/etc. identified in Question 1 as providing this service should be the same as those identified here as paying for the service.				
	Question 4				
	<ul> <li>If there will be a change in the delivery of this service, the change(s) are identified.</li> </ul>		Yes	_ No	_
	Questions 5 and 6				
	<ul> <li>Any service delivery agreements, contracts, ordinances, resolutions, etc. that will be used to augment the agreed upon service delivery strategy for this service are identified.</li> </ul>		Yes	. No	<del>-</del> -
	Ouestions 7 and 8				
	<ul> <li>Information provided.</li> </ul>		Yes	_ No	_
	Note any questionable information about this service that may be worthy	of "advisoi	ry comments'		
	eficiencies that prevent verification of this service and recommended ficiencies.	actions fo	or local gove	emments	о соптес
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### Verification: Summary of Land Use Agreements

Questions 1 and 2	
• Were land use "incompatibilities or conflicts" identified in local plans?	Yes No
If "Yes", methods to address these land use issues were Identified (Question 2)	Yes No
Question 3	/
<ul> <li>Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached.</li> </ul>	YesNo
Question 4	
<ul> <li>Provisions for extraterritorial water and sewer to be consistent with applicable land use plans is addressed</li> </ul>	Yes No
Question 5 and 6	/
Information provided	Yes_V_No
Note any questionable information that may be worthy of "advisory comments".	
Recommend actions for local governments to correct deficiencies with land use agree	ements.
none	

### Verification: Summary of Service Delivery Arrangements

5-25°

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ins	structions for Reviewer:				
	<ul> <li>A review of each individual Page 2 within the strategy will be necess.</li> <li>One copy of this form should be completed for each page 2 in the strategy.</li> </ul>		mplete this step	).	
	Question 1				
	One of the five options is selected.		Vac V	No	
	Note: If box 5 is selected, a legible map (or narrative description of service areas) is attached identifying which entities provide this service in what geographic areas.		YesYes	No	NA
•	Question 2				
	If "Yes" is checked, either:		1		
	(1) an "explanation for continuing the arrangement" statement; or		Yes		-
	(2) an "implementation schedule" to eliminate problems with the service is attached.	N/A _	Yes	No	
	Question 3		1		
	<ul> <li>Local government(s) paying for the service and funding method(s) are identified.</li> </ul>		Yes_V	. No	- 137
	Note: The local governments/authorities/etc. identified in Question 1 as providing this service should be the same as those identified here as paying for the service.				
	Question 4				
	<ul> <li>If there will be a change in the delivery of this service, the change(s) are identified.</li> </ul>		Yes	. No	_ NA
	Questions 5 and 6				
	<ul> <li>Any service delivery agreements, contracts, ordinances, resolutions, etc. that will be used to augment the agreed upon service delivery strategy for this service are identified.</li> </ul>		Yes	. No	-* note
	Questions 7 and 8		,		
	Information provided.		Yes	No	67 65 4
	Note any questionable information about this service that may be worthy	of "advise	ory comments"		
D	eficiencies that prevent verification of this service and recommended	actions	for local cove	emmante i	e coment
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# South Georgia

#### **Regional Development Center**

P. O. Box 1223 • 327 W. Savannah Ave. • Valdosta, Georgia • 31603 • Phone: (912) 333-5277 • GIST: 349-5277 • FAX (912) 333-5312

May 12, 1999

RECEIVED
MAY 18 P.M.

Mr. Kevin Dubose, Consultant Office of Coordinated Planning Georgia Department of Community Affairs 60 Executive Park South N.E. Atlanta, GA 30329-2231

RE: Submittal of Lanier County Service Delivery Strategy

Dear Mr. Dubose:

Attached please find an original set of forms for the Lanier County Service Delivery Strategy. All respective units of government (Lanier County and the City of Lakeland) adopted the strategy this month.

We feel confident that the Lanier County Strategy is complete as we have reviewed it against your completeness and verification checklists. Also, we did not include copies of the actual land use dispute resolutions, but provided the summary on page 3, question 3.

If any questions arise during your review or if you need additional information feel free to call me or Michael Morgan at (912) 333-5277.

Sincerely,

John L. Leonard Executive Director

Cc: Virgil Moore, Lanier Co. Commission Chairman Kathy Creed, Mayor City of Lakeland

**Enclosures** 

## **Lanier County**

### 1990 County and City Population Figures

Local Government Name	1990 Population		
Lanier County	5,531		
Unincorporated Area	3,064		
City of Lakeland	2,467		

Source: U.S. Census of Population, 1990

#### Local Government Services Provided by the Jurisdictions in Lanier County

Jurisdiction	Electricity (A)	Water treatment (B)	Water distribution (C)	Wastewater treatment (D)	Fire protection (E)	Sheriff's department (F)	Police department (G)
Lanier County     Lakeland	not provided not provided	not provided city	not provided city	not provided city	shared city	county NA	not provided city
Jurisdiction	Recreation programs (H)	Bridge/road maintenance (I)	Hospital	Emergency medical services (K)	Emergency telephone (911) (L)	Animal control (M)	Senior citizen's programs (N)
Lanier County     Lakeland	shared shared	county shared	private not provided	private not provided	not provided not provided	shared city	county not provided
Jurisdiction	Child day care (O)	Construction & code enforcement (P)	Planning (Q)	Zoning (R)	Health screening services (S)	Economic development (T)	Cable TV (U)
Lanier County     Lakeland	not provided not provided	not provided city	not provided city	not provided city	nut provided not provided	private not provided	private not provided

THE Alor Checke

Lass 8 @ DCA

TED OK?

#### Notes:

Not provided – the service is not provided by the jurisdiction County or city – the county or city is directly responsible for providing the service. Shared – service is shared by agreement with another county or city. Authority – service is provided by an authority. Contract – service is provided by a private supplier.

NA – may not apply to the particular government "---" – no response to the question.

Source: Local government responses to the 1995 Survey of Local Government Operations, DCA.