



SERVICE DELIVERY STRATEGY

FOR LANIER COUNTY

I. GENERAL INSTRUCTIONS

1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
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.
3. For each service or service component listed in Section III, complete a separate *Summary of Service Delivery Arrangements* form (page 2).
4. Complete one copy of the *Summary of Land Use Agreements* form (page 3).
5. 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).
6. 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 Development Authority of Lanier County
 City of Lakeland 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 "Sheriff" services

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

County: LANIER Service: ANIMAL CONTROL

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
City of Lakeland
Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

Local Government or Authority: Funding Method:

| | |
|------------------|--------------------|
| City of Lakeland | General Fund, Fees |
| 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:

| 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

7. Person completing form: Mike Morgan

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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, 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 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 ENFORCEMENT

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.)
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- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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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.)

Local Government or Authority: **Funding Method:**

| | |
|------------------|--------------|
| City of Lakeland | General Fund |
| Lanier County | Fee Based |
| | |
| | |

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

7. Person completing form: Mike Morgan

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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088
 Kathy Creed, Mayor, City of Lakeland (912) 482-3100



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE

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County: LANIER

Service: ECONOMIC DEVELOPMENT

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.)
City of Lakeland/Lanier County Industrial Development Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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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).

| Local Government or Authority: | Funding Method: |
|----------------------------------|---------------------------------|
| Industrial Development Authority | City of Lakeland-- General Fund |
| | 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:

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?
None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chair, Lanier County (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



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County: LANIER Service: ECONOMIC DEVELOPMENT

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.)
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 yes no

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| Local Government or Authority: | Funding Method: |
|----------------------------------|---------------------------------|
| Industrial Development Authority | City of Lakeland-- General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

see 6 22 update

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100

SERVICE DELIVERY STRATEGY

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County: LANIER Service: INDIGENT DEFENSE

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.)
Lanier County
- 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.)
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2. 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 (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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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.)

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 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.

7. Person completing form: Mike Morgan
 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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman (912) 482-2088



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County: LANIER Service: PARKS AND RECREATION

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Lanier County/City of Lakeland Parks and Recreation Board
- 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.)
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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).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Park and Recreation Board | City of Lakeland - General Fund |
| | 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.

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below:
Virgil Moore, County Commission Chairman (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



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County: LANIER Service: PARKS AND RECREATION

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

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Lanier County/City of Lakeland Parks and Recreation Board
- 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.)
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2. 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 (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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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.)

Local Government or Authority: Funding Method:

| | |
|---------------------------|---------------------------------|
| Park and Recreation Board | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

Revised

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman
If not, provide designated contact 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

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County: LANIER Service: PLANNING

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.)
City of Lakeland/Lanier County Planning Advisory Commission
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 at 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).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Planning Authority | City of Lakeland - General Fund |
| Commission | 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.

| Agreement Name: | Contracting Parties: | Effective Date: | Ending Date: |
|-----------------|----------------------|-----------------|--------------|
| None | | | |
| | | | |
| | | | |

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan

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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman
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.

County: LANIER Service: PLANNING

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.)
City of Lakeland/Lanier County Planning Advisory Commission
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Table with 2 columns: Local Government or Authority, Funding Method. Rows include Planning Authority Commission, City of Lakeland - General Fund, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row includes Authority Law.

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

Handwritten note: see 6-22 update

7. Person completing form: Mike Morgan

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 no

Virgil Moore, County Commission Chairman
If not, provide designated contact 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 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 MANAGEMENT

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.) Lanier County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: None, empty, empty.

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

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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: EMERGENCY MEDICAL SERVICE

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|---------------|--------------------|
| Lanier County | 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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 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 this page) changes 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 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.)
Lakeland/Lanier County Fire Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 by 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)

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Fire Department | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Date: |
|-----------------|----------------------|----------------------------|
| None | | |
| | | |
| | | |

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts, General Assembly, rate or fee changes, etc.), and when will they take effect?
None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman
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 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 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.)
Lakeland/Lanier County Fire Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Fire Department | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority law | | |
| | | |
| | | |

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

All 6/22 update

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact 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 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: JAIL

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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 I, Section III. Use exactly the same service names listed or Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) that should be reported to the Department of Community Affairs.

County: LANIER Service: LIBRARY

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 is checked, identify the government, authority or organization providing the service.)
Lakeland/Lanier County Joint Library Board
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 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., enter, funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonds and indebtedness).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Library Board | City of Lakeland - General Fund |
| | 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.

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman
Lanier County
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.

County: LANIER Service: LIBRARY

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.)
Lakeland/Lanier County Joint Library Board
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|---------------|---------------------------------|
| Library Board | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

See 6-222 update

7. Person completing form: Mike Morgan
 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 no Virgil Moore, County Commission Chairman, Lanier County
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.

County: LANIER Service: PUBLIC WORKS

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | General Fund |
| 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:

| 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

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact 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 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: ROAD MAINTENANCE

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

| 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 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?

Not necessary

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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: SOLID WASTE MANAGEMENT

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-------------------------|
| City of Lakeland | User Fees, General Fund |
| Lanier County | User Fees, 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:

| 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

7. Person completing form: Mike Morgan
 Phone number: (229) 333-5377 Date completed: 3/25/05

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:



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: SOLID WASTE MANAGEMENT

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

Local Government or Authority: Funding Method:

| | |
|------------------|-------------------------|
| City of Lakeland | User Fees, General Fund |
| 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.

REVISED
4/18/05

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

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact 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 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 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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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 HEALTH

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|----------------------|---------------------|
| <u>Lanier County</u> | <u>General Fund</u> |
| | |
| | |
| | |

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: |
|-----------------|----------------------|-----------------------------|
| <u>None</u> | | |
| | | |
| | | |

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

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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: CEMETERIES

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas...
Other.

2. 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...)

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.)

Local Government or Authority: Funding Method:

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: City of Lakeland, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

7. Person completing form: Mike Morgan
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 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.

County: LANIER COUNTY

Service: COURTS

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
CITY OF LAKELAND
- 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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| LANIER COUNTY | General Fund |
| City of Lakeland | General Fund |
| | |
| | |

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

No Change Necessary

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 Necessary | | |
| | | |
| | | |

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 needed

7. Person completing form: Mike Morgan

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? yes no
If not, provide designated contact person(s) and phone number(s) below:



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: COURT

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas...
Other.

2. 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...
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...

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

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

all 6-22 update

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



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 HOUSING

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries...
Other.

2. 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...
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...

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.)

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: City of Lakeland, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

7. Person completing form: Mike Morgan
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 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.

County: LANIER Service: SANITARY SEWER COLLECTION AND TREATMENT

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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | User 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

7. Person completing form: Mike Morgan
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 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.

County: LANIER Service: STORM WATER MANAGEMENT

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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | General Funds |
| | |
| | |
| | |

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

7. Person completing form: Mike Morgan
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 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.

County: LANIER Service: WATER SUPPLY TREATMENT AND DISTRIBUTION

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|------------------|-----------|
| City of Lakeland | User 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

7. Person completing form: Mike Morgan

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 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.

County: LANIER COUNTY Service: SHERIFF

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.)
Lanier County Sheriff's Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| LANIER COUNTY | County Revenues |
| | |
| | |
| | |

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 necessary | | |
| | | |
| | | |

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?

7. Person completing form: Mike Morgan
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? yes no

If not, provide designated contact person(s) and phone number(s) below:
V. S. Moore, Chairman Lanier County Commission (912) 482-2088

Not listed as included in SDS (page 1) 5/10



SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS

Instructions:

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

County: LANIER

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

No incompatibilities or conflicts:

Consistent land use plans were prepared by South Georgia RDC on behalf of Lanier County and the City of Lakeland as part of the Growth Strategies Planning Process.

Lanier County and the City of Lakeland have joint planning advisory commission and compatible land subdivision ordinances.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed: Not Applicable

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

City notifies county and countywide planning commission. Countywide planning commission makes advisory recommendations to county. County notifies city of no objection or bona fide (with list of possible conditions). If objection, city responds (1) agreeing to conditions; (2) agrees to stop annexation; (3) initiates mediation; or (4) seeks declaratory judgment in court.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

Through the adoption of this Service Delivery, the jurisdictions of Lanier County agree that the provision of extraterritorial water and sewer services shall be consistent with all-applicable land use plans and ordinances. The notification of intent to extend services extraterritorially shall include a synopsis of the proposed projects and an opportunity for the affected local government to review the planned extension to ensure that the new services are consistent with all applicable land use plans and ordinances.

5. Person completing form: Mike Morgan

Phone number: (912) 333-5277 Date completed: 2-19-99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? yes no

If not, provide designated contact person(s) and phone number(s) below:

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

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

| SIGNATURE: | NAME: <small>(Please print or type)</small> | TITLE: | JURISDICTION: | DATE: |
|------------------------|--|----------|------------------|-------|
| <i>Virgil L. Moore</i> | Virgil L. Moore | Chairman | Lanier County | |
| <i>Kathy L. Creed</i> | Kathy Creed | Mayor | City of Lakeland | |

MEMORANDUM OF AGREEMENT

FILE COPY

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 9th day of February, 1997.

LANIER COUNTY BOARD OF
COMMISSIONERS

[Signature]
Chairman

[Signature]
Member

[Signature]
Member

[Signature]
Member

[Signature]
Member

ATTEST:

[Signature]
CLERK TO THE LANIER
COUNTY BOARD OF
COMMISSIONERS

(SEAL)

CITY OF LAKELAND

[Signature]
Mayor

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

ATTEST:

[Signature]
CLERK TO THE MAYOR AND
CITY COUNCIL OF THE CITY
OF LAKELAND

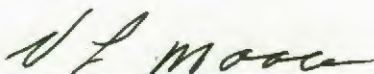
**RESOLUTION
FOR ADOPTION OF
LANIER SERVICE DELIVERY STRATEGY**

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 as 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 10th day of May, 1999.



Virgil Moore, Chairman
Lanier County Board of Commissioners



Bonnie Ganas, Lanier County Clerk

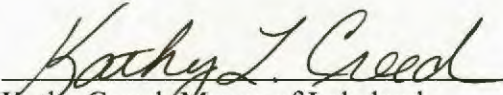
**RESOLUTION
FOR ADOPTION OF
LANIER SERVICE DELIVERY STRATEGY**

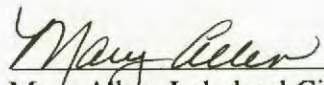
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The Lanier County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area; (2) an assignment as to the provider of the service; (3) a description of the funding sources, and (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 as 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:**

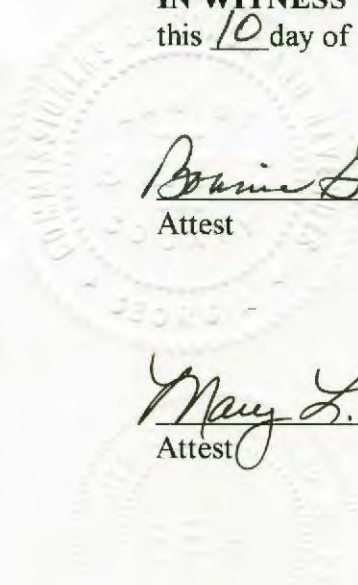
(a) **Will abandon and not proceed** with the proposed extension, **or**

(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 May, 1999.



Bonnie Ganas
Attest

W P Moore
Authorized Representative of Lanier County
Board of Commissioners

Mary L. Allen
Attest

Kathy L. Creed
Authorized Representative of City of Lakeland



SERVICE DELIVERY STRATEGY

FOR LANIER COUNTY

I. GENERAL INSTRUCTIONS

- 1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
5. Complete one copy of the Summary of Land Use Agreements form (page 3).
6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
7. Mail the completed forms along with any attachments to:

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

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

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Lanier County Development Authority of Lanier County
City of Lakeland 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 "Sheriff" serv

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:

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County: LANIER Service: ANIMAL CONTROL

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
City of Lakeland
Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

Local Government or Authority: Funding Method:

| | |
|------------------|--------------------|
| City of Lakeland | General Fund, Fees |
| 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:

| 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

7. Person completing form: Mike Morgan

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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, 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 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 ENFORCEMENT

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

Local Government or Authority: **Funding Method:**

| | |
|------------------|--------------|
| City of Lakeland | General Fund |
| Lanier County | Fee Based |
| | |
| | |

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

7. Person completing form: Mike Morgan

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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088
 Kathy Creed, Mayor, City of Lakeland (912) 482-3100



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE

Instructions:

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County: LANIER

Service: ECONOMIC DEVELOPMENT

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.)
City of Lakeland/Lanier County Industrial Development Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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).

| Local Government or Authority: | Funding Method: |
|----------------------------------|---------------------------------|
| Industrial Development Authority | City of Lakeland-- General Fund |
| | 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:

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?
None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chair, Lanier County (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: LANIER Service: ECONOMIC DEVELOPMENT

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.)
City of Lakeland/Lanier County Industrial Development Authority
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

| Local Government or Authority: | Funding Method: |
|----------------------------------|---------------------------------|
| Industrial Development Authority | City of Lakeland-- General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

see 6 22 update

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: LANIER Service: INDIGENT DEFENSE

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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.

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman (912) 482-2088



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: LANIER Service: PARKS AND RECREATION

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Lanier County/City of Lakeland Parks and Recreation Board
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Park and Recreation Board | City of Lakeland - General Fund |
| | 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.

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below:
Virgil Moore, County Commission Chairman (912) 482-2088
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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County: LANIER Service: PARKS AND RECREATION

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Lanier County/City of Lakeland Parks and Recreation Board
- 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.)
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- 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 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).

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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.)

Local Government or Authority: Funding Method:

| | |
|---------------------------|---------------------------------|
| Park and Recreation Board | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

Revised

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman
If not, provide designated contact 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

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County: LANIER Service: PLANNING

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.)
City of Lakeland/Lanier County Planning Advisory Commission
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 at 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).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Planning Authority | City of Lakeland - General Fund |
| Commission | 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.

| Agreement Name: | Contracting Parties: | Effective Date: | Ending Date: |
|-----------------|----------------------|-----------------|--------------|
| None | | | |
| | | | |
| | | | |

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan

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



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: LANIER Service: PLANNING

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.)
City of Lakeland/Lanier County Planning Advisory Commission
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Table with 2 columns: Local Government or Authority, Funding Method. Rows include Planning Authority Commission, City of Lakeland - General Fund, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row includes Authority Law.

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

Handwritten note: see 6-22 update

7. Person completing form: Mike Morgan

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 no

Virgil Moore, County Commission Chairman
If not, provide designated contact 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 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 MANAGEMENT

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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: EMERGENCY MEDICAL SERVICE

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|---------------|--------------------|
| Lanier County | 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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 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 this page) changes 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 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.)
Lakeland/Lanier County Fire Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 by 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)

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Fire Department | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Date: |
|-----------------|----------------------|----------------------------|
| None | | |
| | | |
| | | |

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts, General Assembly, rate or fee changes, etc.), and when will they take effect?
None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman
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 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 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.)
Lakeland/Lanier County Fire Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Fire Department | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority law | | |
| | | |
| | | |

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

All 6/22 update

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact 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 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: JAIL

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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 I, Section III. Use exactly the same service names listed or Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) that should be reported to the Department of Community Affairs.

County: LANIER Service: LIBRARY

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 is checked, identify the government, authority or organization providing the service.)
Lakeland/Lanier County Joint Library Board
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 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., enter, funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonds & indebtedness).

| Local Government or Authority: | Funding Method: |
|--------------------------------|---------------------------------|
| Library Board | City of Lakeland - General Fund |
| | 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.

| 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, General Assembly, rate or fee changes, etc.), and when will they take effect?

None necessary

7. Person completing form: Mike Morgan
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 no
If not, provide designated contact person(s) and phone number(s) below: Virgil Moore, County Commission Chairman
Lanier County
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.

County: LANIER Service: LIBRARY

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.)
Lakeland/Lanier County Joint Library Board
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|---------------|---------------------------------|
| Library Board | City of Lakeland - General Fund |
| | 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:

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| Authority Law | | |
| | | |
| | | |

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

See 6-22 update

7. Person completing form: Mike Morgan
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 no Virgil Moore, County Commission Chairman, Lanier County
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.

County: LANIER Service: PUBLIC WORKS

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | General Fund |
| 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:

| 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

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact person(s) and phone number(s) below: (912) 482-2088

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



STATE OF GEORGIA
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: ROAD MAINTENANCE

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Lanier County
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

| 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 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?
 Not necessary

7. Person completing form: Mike Morgan
 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 no
 If not, provide designated contact person(s) and phone number(s) below:
 Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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: SOLID WASTE MANAGEMENT

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 City of Lakeland
 Lanier County
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-------------------------|
| City of Lakeland | User Fees, General Fund |
| Lanier County | User Fees, 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:

| 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

7. Person completing form: Mike Morgan
 Phone number: (229) 333-5377 Date completed: 3/25/05

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:



**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:** SOLID WASTE MANAGEMENT

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
City of Lakeland
Lanier County
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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.)

Local Government or Authority: **Funding Method:**

| | |
|------------------|-------------------------|
| City of Lakeland | User Fees, General Fund |
| 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.

*REVISED
4/18/05*

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

7. Person completing form: Mike Morgan

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 no Virgil Moore, County Commission Chairman

If not, provide designated contact 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 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 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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

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 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

7. Person completing form: Mike Morgan

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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (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 HEALTH

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.)
Lanier County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|----------------------|---------------------|
| <u>Lanier County</u> | <u>General Fund</u> |
| | |
| | |
| | |

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: |
|-----------------|----------------------|-----------------------------|
| <u>None</u> | | |
| | | |
| | | |

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

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:

Virgil Moore, County Commission Chairman, Lanier County (912) 482-2088



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: CEMETERIES

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas...
Other.

2. 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...)

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.)

Local Government or Authority: Funding Method:

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: City of Lakeland, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

7. Person completing form: Mike Morgan
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 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.

County: LANIER COUNTY

Service: COURTS

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
CITY OF LAKELAND
- 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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| LANIER COUNTY | General Fund |
| City of Lakeland | General Fund |
| | |
| | |

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

No Change Necessary

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 Necessary | | |
| | | |
| | | |

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 needed

7. Person completing form: Mike Morgan

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? yes no

If not, provide designated contact person(s) and phone number(s) below:



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: COURT

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries...
Other.

2. 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...
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...

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.)

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

all 6-22 update

7. Person completing form: Mike Morgan
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 no

If not, provide designated contact person(s) and phone number(s) below:
Kathy Creed, Mayor, City of Lakeland (912) 482-3100



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 HOUSING

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries...
Other.

2. 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...
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...

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.)

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: City of Lakeland, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: 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

7. Person completing form: Mike Morgan
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 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.

County: LANIER Service: SANITARY SEWER COLLECTION AND TREATMENT

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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | User 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

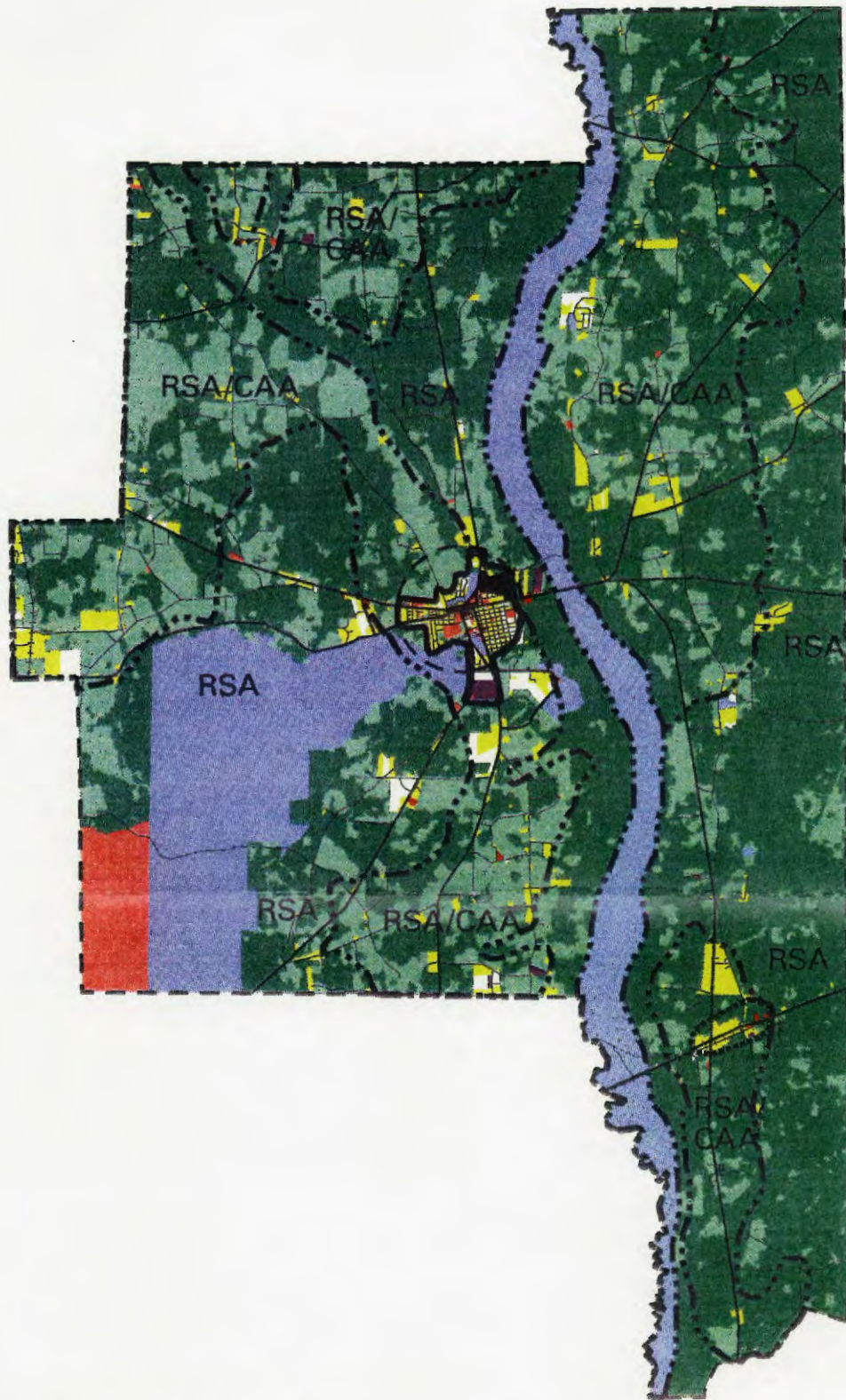
7. Person completing form: Mike Morgan
Phone number: (912) 333-5277 Date completed: 2-19-99

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 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.



 Neighborhood Activity Center
  Urban Service Areas
  Rural Service Area
  Commercial Agricultural Area

| | | | | |
|---|--|--|--|--|
|  RESIDENTIAL |  INDUSTRIAL |  TRANS./COMM./UTIL. |  AGRICULTURE |  UNDEVELOPED/UNUSED |
|  COMMERCIAL |  PUBLIC/INST. |  PARKS/REC./CONS. |  FORESTED | |

SOURCE: SGRDC, 1994.
SGRDC NCRI-SE GIS, 1994



MAP III-1 LANIER COUNTY FUTURE LAND USE



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 MANAGEMENT

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 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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| City of Lakeland | General Funds |
| | |
| | |
| | |

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

7. Person completing form: Mike Morgan
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 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.

County: LANIER Service: WATER SUPPLY TREATMENT AND DISTRIBUTION

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. 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 (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.)

Local Government or Authority: Funding Method:

| | |
|------------------|-----------|
| City of Lakeland | User 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

7. Person completing form: Mike Morgan

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 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.

County: LANIER COUNTY Service: SHERIFF

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.)
Lanier County Sheriff's Department
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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 (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.)

| Local Government or Authority: | Funding Method: |
|--------------------------------|-----------------|
| LANIER COUNTY | County Revenues |
| | |
| | |
| | |

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 necessary | | |
| | | |
| | | |

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?

7. Person completing form: Mike Morgan
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? yes no

If not, provide designated contact person(s) and phone number(s) below:
V. S. Moore, Chairman Lanier County Commission (912) 482-2088

Not listed as included in SDS (page 1)



SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS

Instructions:

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

County: LANIER

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

No incompatibilities or conflicts:

Consistent land use plans were prepared by South Georgia RDC on behalf of Lanier County and the City of Lakeland as part of the Growth Strategies Planning Process.

Lanier County and the City of Lakeland have joint planning advisory commission and compatible land subdivision ordinances.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed: Not Applicable

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

City notifies county and countywide planning commission. Countywide planning commission makes advisory recommendations to county. County notifies city of no objection or bona fide (with list of possible conditions). If objection, city responds (1) agreeing to conditions; (2) agrees to stop annexation; (3) initiates mediation; or (4) seeks declaratory judgment in court.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

Through the adoption of this Service Delivery, the jurisdictions of Lanier County agree that the provision of extraterritorial water and sewer services shall be consistent with all-applicable land use plans and ordinances. The notification of intent to extend services extraterritorially shall include a synopsis of the proposed projects and an opportunity for the affected local government to review the planned extension to ensure that the new services are consistent with all applicable land use plans and ordinances.

5. Person completing form: Mike Morgan

Phone number: (912) 333-5277 Date completed: 2-19-99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? yes no

If not, provide designated contact person(s) and phone number(s) below:

**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

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

| SIGNATURE: | NAME: <small>(Please print or type)</small> | TITLE: | JURISDICTION: | DATE: |
|------------------------|--|----------|------------------|-------|
| <i>Virgil L. Moore</i> | Virgil L. Moore | Chairman | Lanier County | |
| <i>Kathy L. Creed</i> | Kathy Creed | Mayor | City of Lakeland | |

Virgil L. Moore
Kathy L. Creed

Virgil L. Moore
Kathy Creed

Chairman
Mayor

Lanier County
City of Lakeland

MEMORANDUM OF AGREEMENT

FILE COPY

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 9th day of February, 1997.

LANIER COUNTY BOARD OF
COMMISSIONERS

[Signature]
Chairman

[Signature]
Member

[Signature]
Member

[Signature]
Member

[Signature]
Member

ATTEST:

[Signature]
CLERK TO THE LANIER
COUNTY BOARD OF
COMMISSIONERS

(SEAL)

CITY OF LAKELAND

[Signature]
Mayor

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

[Signature]
Councilman

ATTEST:

[Signature]
CLERK TO THE MAYOR AND
CITY COUNCIL OF THE CITY
OF LAKELAND

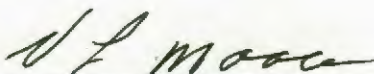
**RESOLUTION
FOR ADOPTION OF
LANIER SERVICE DELIVERY STRATEGY**

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 as 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 10th day of May, 1999.



Virgil Moore, Chairman
Lanier County Board of Commissioners



Bonnie Ganas, Lanier County Clerk

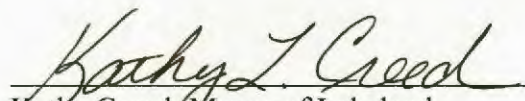
**RESOLUTION
FOR ADOPTION OF
LANIER SERVICE DELIVERY STRATEGY**

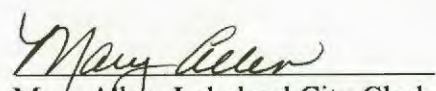
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The Lanier County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area; (2) an assignment as to the provider of the service; (3) a description of the funding sources, and (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 as 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:**

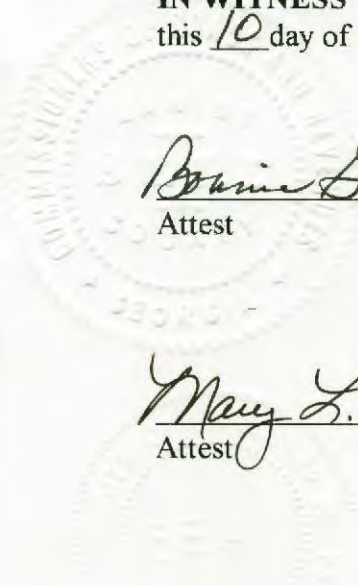
(a) **Will abandon and not proceed** with the proposed extension, **or**

(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 May, 1999.



Bonnie Ganas
Attest

W P Moore
Authorized Representative of Lanier County
Board of Commissioners

Mary L. Allen
Attest

Kathy L. Creed
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) 333-5312

FAX TRANSMITTAL

DATE: June 22, 1999

TO: Mr. Kevin DuBose SENT BY: Mike Morgan
Ms. Stefanie MORAN

COMPANY: DCA

FAX NUMBER: 404.679-0646 (912) 333-5312

NUMBER OF PAGES (INCLUDING COVER): 8

MESSAGE: I've gain Lanier Co Commission and City of
Lakeland approval of revisions and additions
to the Lanier County SD Strategy.

PLEASE NOTIFY SENDER IF YOU DO NOT RECEIVE ALL PAGES. THANK YOU.

BROADCAST

| DATE | START | RECEIVER | TX TIME | PAGES | TYPE | NOTE | M# | DP |
|--------|----------|-------------|---------|-------|------|-------------|-----|----|
| JUN-21 | 03:21 PM | 89124828333 | 1' 16" | 2 | SEND | (M) OK | 176 | |
| | 03:22 PM | 89124823390 | 38" | 0 | SEND | (M) CANCEL | 176 | |

TOTAL 1M 54S PAGES: 2



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Jim Higdon
COMMISSIONER

Roy E. Barnes
GOVERNOR

Urgent Fax

To: Chief Elected Officials From: Kevin DuBose

Fax: 912-482-8383, 912-482-3390 Pages: 2

Phone: 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 Lanier 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**
(To be completed within 2 business days of receipt)

*See updates
6-22*

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. Yes No
- Services included in strategy (Block III) are titled identically to the individual services that are summarized on Page 2s in the strategy. Yes No
- Basic services common to local governments are not omitted from the strategy (e.g., law enforcement, fire protection, recreation, road maintenance, etc.). Yes No

Page 2 (there will be many of these)

- An individual Page 2 is included for each service included in the strategy. Yes No

Page 3

- Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached. Yes No

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 Yes No
 - County seat city government Yes No
 - All cities over 9,000 in population Yes No
 - At least 1/2 of all cities with a population between 500 and 9,000 Yes No

Strategy is complete and ready for verification review Yes No

Strategy is incomplete and missing the following items:

City
courts but no county courts. No law enforcement.
 Several services list Authority Law in Q5, only Housing + Dev. Authorities exist.

○ ○

Verification: Summary of Service Delivery Arrangements

_____ Service

Instructions for Reviewer:

- A review of each individual Page 2 within the strategy will be necessary to complete this step.
- One copy of this form should be completed for each page 2 in the strategy.

▪ **Question 1**

One of the five options is selected.

Yes _____ 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**

▪ Local government(s) paying for the service and funding method(s) are identified.

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**

▪ If there will be a change in the delivery of this service, the change(s) are identified.

Yes _____ No _____

▪ **Questions 5 and 6**

▪ 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.

Yes _____ No _____

▪ **Questions 7 and 8**

▪ Information provided.

Yes _____ No _____

Note any questionable information about this service that may be worthy of "advisory comments".

Deficiencies that prevent verification of this service and recommended actions for local governments to correct deficiencies.

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**

- Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached.

Yes No _____

▪ **Question 4**

- Provisions for extraterritorial water and sewer to be consistent with applicable land use plans is addressed

N/A _____ Yes No _____

▪ **Question 5 and 6**

- Information provided

Yes No _____

Note any questionable information that may be worthy of "advisory comments".

none

Recommend actions for local governments to correct deficiencies with land use agreements.

none

Verification: Summary of Service Delivery Arrangements

SNTM
5-25

Env. Dev. Service

Instructions for Reviewer:

- A review of each individual Page 2 within the strategy will be necessary to complete this step.
- One copy of this form should be completed for each page 2 in the strategy.

▪ Question 1

One of the five options is selected.

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
Yes No NA

▪ 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

▪ Local government(s) paying for the service and funding method(s) are identified.

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

▪ If there will be a change in the delivery of this service, the change(s) are identified.

Yes No NA

▪ Questions 5 and 6

▪ 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.

Yes No *note

▪ Questions 7 and 8

▪ Information provided.

Yes No

Note any questionable information about this service that may be worthy of "advisory comments".

Deficiencies that prevent verification of this service and recommended actions for local governments to correct deficiencies.

* need proper cite in #5, no IDA registered ✓
however there is a DA for County only

OEGA 36-42-1

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. ^{Kevin}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) |
|------------------|-----------------|---------------------|------------------------|--------------------------|---------------------|--------------------------|-----------------------|
| 1. Lanier County | not provided | not provided | not provided | not provided | shared | county | not provided |
| 2. Lakeland | not provided | city | city | city | city | NA | city |

| Jurisdiction | Recreation programs (H) | Bridge/road maintenance (I) | Hospital (J) | Emergency medical services (K) | Emergency telephone (911) (L) | Animal control (M) | Senior citizen's programs (N) |
|------------------|-------------------------|-----------------------------|--------------|--------------------------------|-------------------------------|--------------------|-------------------------------|
| 1. Lanier County | shared | county | private | private | not provided | shared | county |
| 2. Lakeland | shared | shared | not provided | not provided | not provided | city | 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) |
|------------------|--------------------|-------------------------------------|--------------|--------------|-------------------------------|--------------------------|--------------|
| 1. Lanier County | not provided | not provided | not provided | not provided | not provided | private | private |
| 2. Lakeland | not provided | city | city | city | not provided | not provided | not provided |

HA - Lakeland
DA - Lanier - ED OK?

Allen Alon
6858

Check with K
Database
@ DCA
TC

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.