





COUNTY: LANIER

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. 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/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A OPTION B Revising or Adding to the SDS Extending the Existing SDS 4. List all services provided or primarily funded by each 4. In Section IV type, "NONE." general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate authorized representatives of the participating local components if this will facilitate description of the service delivery governments. [Please note that DCA cannot validate the strategy strategy.) unless it is signed by the local governments required by law (see 5. For **each** service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service 6. Proceed to step 7, below. Delivery Arrangements form (FORM 2). For answers to most frequently asked questions on 6. Complete one copy of the *Certifications* form (FORM 4) Georgia's Service Delivery Act, links and helpful and have it signed by the authorized representatives of publications, visit DCA's website at participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments http://www.dca.ga.gov/development/PlanningQ required by law (see Instructions, FORM 4).] ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A"

PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY	′ :
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In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Lanier County, City of Lakeland, Housing Authority of City of Lakeland, Development Authority of Lanier County.

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which will continue as previously agreed with no need for modification.

Animal Control, Courts, Cemeteries, Emergency Management, Emergency Medical Services, Fire Protection, Indigent Defense, Jail, Library, Planning, Public Health, Public Housing, Public Works, Sanitery Sewer Collection and Treatment, Social Services, Solid Waste Management, Storm Water Management, Water Supply Treatment and Distribution.

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Code Enforcement, Economic Development, E-911, Law Enforcement, Parks and Recreation, Road Maintenance.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.

should be reported to the Department of Community Affairs.		
COUNTY: LANIER	Service: ANIMAL CONTROL	
Check the box that best describes the agreed upor		
Service will be provided countywide (i.e., including this box is checked, identify the government, authoral Authority or Organization Here	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,	
Service will be provided only in the unincorporate checked, identify the government, authority or organization Here	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority	
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide City of Lakeland Lanier County	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.): Type Name of Government, Authority (within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that sliminated).	

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method	
City of Lakeland	General Fund and Fees		
anier County	General Fund and Fees		
How will the strategy change the p	evious arrangements for providing and/or fund	ling this service within the county?	
o Change, this form has been com ake this submittal a complete reco	pleted due to the age of the last Service Deliverd.	ery Strategy update in 2005, and to	
List any formal service delivery agr his service:	eements or intergovernmental contracts that w	ill be used to implement the strategy f	
		F100 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
Agreement Name	Contracting Parties	Eπective and Ending Date	
What other mechanisms (if any) wi	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wi	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wi	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wincts of the General Assembly, rate nimal Control Ordinances currently	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e in place for the City and County.	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any) wincts of the General Assembly, rate nimal Control Ordinances currently Person completing form: Tony Col Phone number: 229-482-2088	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take of in place for the City and County.	vice (e.g., ordinances, resolutions, lo	







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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.

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	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide City of Lakeland	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
One or more cities will provide this service only versions in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible m identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Covernment or Auth-	mides on an	- Madhard
Local Government or Autho	General Fund	Method
City of Lakeland	General Fund	
How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
No Change, this form has been nake this submittal a complete r	completed due to the age of the last Service Deli ecord.	ivery Strategy update in 2005, and to
List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be used to implement the strategy for this so	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be used to implement the strategy for this so	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will be used to implement the strategy for this so	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any acts of the General Assembly, response to th) will be used to implement the strategy for this state or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca
What other mechanisms (if any acts of the General Assembly, response to th) will be used to implement the strategy for this state or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, locale effect?







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should be reported to the Department of Community Affairs.	
COUNTY:LANIER	Service: CODE ENFORCEMENT
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Type Name of Government,
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

CBC		V	4
5D5	FORI	VI Z. CO	ntinued

	that will help to pay for this service and indicate al funds, special service district revenues, hotel/r	
Local Government or Authori	General Fund	Method
City of Lakeland Lanier County	General Fund and Fees	
Larrier County	General Fund and Fees	
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
No change in service delivery, fund	ding method changed: County now provides fund	ing through General Fund and Fees.
this service:	greements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	
Code Enforcement ordinances cur	rently in place for the City and County.	
7. Person completing form: Tony C Phone number: 229-482-2088	ollins, County Administrator Date completed: 4/2/2016	
	contacted by state agencies when evaluating wherevice delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE 8	person(s) and phone number(s) below: & PHONE HERE	







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Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: COURTS
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.): City of Lakeland Lanier County	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

 List each government or authors enterprise funds, user fees, gefees, bonded indebtedness, et 	eneral funds, sp	elp to pay for this service and indi pecial service district revenues, h	icate how the service will be funded total/motel taxes, franchise taxes, in	l (e.g., npact
Local Government or Authority		Funding Method		
City of Lakeland		eral Fund		
Lanier County	Gene	eral Fund		
4. How will the strategy change f	the previous ar	rangements for providing and/or	funding this service within the coun	ty?
make this submittal a complete	record.		elivery Strategy update in 2005, and	
this service: Agreement Name				
Agreement Name		Contracting Parties	Effective and Endin	g Dates
	=			
	+			
	 -			
What other mechanisms (if an acts of the General Assembly,	y) will be used rate or fee cha	to implement the strategy for this inges, etc.), and when will they ta	s service (e.g., ordinances, resolutionals effect?	ons, local
et.				
7. Person completing form: Tony Phone number: 229-482-2088		nty Administrator npleted: 4/2/2016		
 Is this the person who should projects are consistent with the 	be contacted be service delive	y state agencies when evaluating ry strategy? ⊠Yes ⊡No	g whether proposed local governm	ient
If not, provide designated cont TYPE CONTACT NAME, TITL	act person(s) a .E & PHONE H	nd phone number(s) below:		







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COUNTY: LANIER	Service: ECONOMIC DEVELOPMENT
Check the box that best describes the agreed upon	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Development Authority of
Service will be provided only in the unincorporate checked, identify the government, authority or organization Here	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only waservice in unincorporated areas. (If this box is check service.): Type Name of Government, Authority of	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

Local Government or Author	ority Funding	g Method
anier County	General Fund	
How will the strategy change the	ne previous arrangements for providing and/or fur	nding this service within the county?
his service is now provided cou	Intervide by Lanior County	
riis service is now provided cor	drity wide by Lamer County.	
List any formal service delivery	agreements or intergovernmental contracts that	will be used to implement the strategy t
his service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any	Contracting Parties (2) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any acts of the General Assembly, representation of the Gene	o) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loce effect?







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should be reported to the Department of Community Affairs.	
COUNTY: LANIER	Service: EMERGENCY MEDICAL SERVICES
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dans 4 of 2

Page 1 of 2

Local Government or Author	rity Fundina	Funding Method		
anier County	General Fund			
low will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?		
o Change, this form has been o ake this submittal a complete r	completed due to the age of the last Service Delive ecord.	ery Strategy update in 2005, and to		
ist any formal service delivery is service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy		
13 351 ¥166.				
Agreement Name	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
Agreement Name Vhat other mechanisms (if any	Contracting Parties) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k		
Agreement Name What other mechanisms (if any cts of the General Assembly, re) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, le		
Agreement Name What other mechanisms (if any cts of the General Assembly, referson completing form: Tony hone number: 229-482-2088	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?		
Agreement Name What other mechanisms (if any acts of the General Assembly, representation of the General Assembly, representa) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?		







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should be reported to the Department of Community Affairs.	, , , , , , , , , , , , , , , , , , , ,
COUNTY: LANIER	Service: E-911
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authonomous Center	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Tri-County Joint E-911
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that 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 Author	ity Fundin	ng Method			
Tri-County 911	Fees				
Lanier County	General Fund				
Clinch County	General Fund				
Atkinson County	General Fund				
How will the strategy change the	previous arrangements for providing and/or fu	anding this service within the county?			
	s not identified in last update of service delivery				
Agreement Name	Contracting Parties	Effective and Ending Dates			
Tri-County Joint E-911 Center	Atkinson, Clinch, and Lanier Counties	7/1/2004 thru 7/1/2024			
Intergovernmental Agreement					
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this stee or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local se effect?			
7. Person completing form: Tony (Phone number: 229-482-2088 8. Is this the person who should be projects are consistent with the s	Collins, County Administrator Date completed: 4/2/2016 contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes □No	whether proposed local government			
If not, provide designated contact TYPE CONTACT NAME, TITLE	t person(s) and phone number(s) below: & PHONE HERE				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: EMERGENCY MANAGEMENT
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Auti	hority Funding	Method
anier County	General Fund	
ow will the strategy change	the previous arrangements for providing and/or fund	ling this service within the county?
Change, this form has been ake this submittal a complete	n completed due to the age of the last Service Delive e record.	ery Strategy update in 2005, and to
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st any formal service delive	ry agreements or intergovernmental contracts that w	ill be used to implement the strategy
is service:	., ., ., ., ., ., ., ., ., ., ., ., ., .	10 data to implement the challegy
Agreement Name	Contracting Parties	Effective and Ending Da
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, le
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, l
/hat other mechanisms (if a	ny) will be used to implement the strategy for this ser, rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, le
this the person who should	ny) will be used to implement the strategy for this ser, rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?







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COUNTY: LANIER	Service: FIRE PROTECTION
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, author Fire Department	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lakeland/Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiza	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.Acoverlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strategwill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	B 4 60

Local Government or Authority Funding Method		ding Method
anier County	General Fund	
City of Lakeland General Fund		
How will the strategy change	the previous arrangements for providing and/o	or funding this service within the county?
o Change, this form has been ake this submittal a complete	completed due to the age of the last Service record.	Delivery Strategy update in 2005, and to
his service:	y agreements or intergovernmental contracts	that will be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if an acts of the General Assembly,	rate or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, k take effect?







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: LANIER	Service: INDIGENT DEFENSE
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	SDS	FORM	2. c	ontinued
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List each government or author enterprise funds, user fees, ge fees, bonded indebtedness, et	ority that will help to pay for this service and in eneral funds, special service district revenues c.).	indicate how the service will be funded (e.g., s, hotel/motel taxes, franchise taxes, impact
Local Government or Auth	ority Eu	maline Mathead
Lanier County	Ority Funding Method General Fund	
<u> </u>	Oshoran and	
How will the strategy change t	he previous arrangements for providing and/	for funding this service within the county?
No Change, this form has been make this submittal a complete	completed due to the age of the last Service record.	e Delivery Strategy update in 2005, and to
List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
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. What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for rate or fee changes, etc.), and when will they	this service (e.g., ordinances, resolutions, loca y take effect?
. Person completing form: Tony Phone number: 229-482-2088	Collins, County Administrator Date completed: 4/2/2016	
Is this the person who should to projects are consistent with the	be contacted by state agencies when evaluate service delivery strategy? ⊠Yes ⊡No	ting whether proposed local government
If not, provide designated conta TYPE CONTACT NAME, TITL	act person(s) and phone number(s) below: E & PHONE HERE	







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should be reported to the Department of Community Affairs.			
COUNTY: LANIER	Service: JAIL		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Lanier County		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional documentation as described, below)			
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
f these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
Page 1 of 2			

Local Government or Authority Funding Method		na Method
anier County	General Fund	
low will the strategy change	the previous arrangements for providing and/or f	unding this service within the county?
Change, this form has been the this submittal a complete	n completed due to the age of the last Service De	elivery Strategy update in 2005, and to
ist any formal service delive is service:	ry agreements or intergovernmental contracts that	at will be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name /hat other mechanisms (if a	Contracting Parties ny) will be used to implement the strategy for this rate or fee changes, etc.), and when will they ta	service (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if a	ny) will be used to implement the strategy for this	service (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if a	ny) will be used to implement the strategy for this	service (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if another of the General Assembly	ny) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tar	service (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if and cits of the General Assembly erson completing form: Ton hone number: 229-482-2088 is this the person who should	ny) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tar	service (e.g., ordinances, resolutions, loke effect?







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COUNTY: LANIER	Service: LAW ENFORCEMENT		
Check the box that best describes the agreed upor	n 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 unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:		
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		

Local Government or Authority	Funding	Method	
anier County	General Fund and Fees	General Fund and Fees	
ity of Lakeland	General Fund and Fees		
W			
2 10			
low will the strategy change the p	revious arrangements for providing and/or fund	ling this service within the county?	
forcement services within their m icorporated areas. ist any formal service delivery ag	Id the City of Lakeland Police Department. City unicple boundaries. The County will continue to the county will be continued to the county wil	o provide Sheriff's services in the	
nis service: Agreement Name	Contracting Parties	Effective and Ending Date	
g. com.c.i.c.i.c			
	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take		
cts of the General Assembly, rate	or fee changes, etc.), and when will they take		
Person completing form: Tony Co Phone number: 229-482-2088 Is this the person who should be of	or fee changes, etc.), and when will they take	effect?	







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should be reported to the Department of Community Affairs.		
COUNTY: LANIER	Service: LIBRARY	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Lakeland/Lanier County	
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

	neral funds, special service dist		ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Auth	ority	Funding Me	thod
Lanier County	General Fund		
City of Lakeland	General Fund		
			- 0.CT - 0.00 - 0.00
. How will the strategy change t	ne previous arrangements for p	roviding and/or funding	this service within the county?
make this submittal a complete	record.		Strategy update in 2005, and to be used to implement the strategy for
Agreement Name	Contractin	g Parties	Effective and Ending Dates
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	y) will be used to implement the rate or fee changes, etc.), and		ce (e.g., ordinances, resolutions, locatect?
Na			
. Person completing form: Tony Phone number: 229-482-2088	Collins, County Administrate Date completed: 4/2/201		
	pe contacted by state agencies service delivery strategy? ⊠Y		her proposed local government
If not, provide designated cont TYPE CONTACT NAME, TITL	act person(s) and phone numbe	er(s) below:	







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Thousand to the Department of Community Analis.		
COUNTY: LANIER	Service: PARKS AND RECREATION	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If initially or organization providing the service.): Lanier County Parks and	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SDS	FOR	M 2.	continu	ed
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Local Government or Authority	y Funding M	ethod
Lanier County	General Fund	
City of Lakeland	General Fund, Provides water and sewer usage. Maintains parks	
•		
. How will the strategy change the p	previous arrangements for providing and/or fundin	g this service within the county?
	ding method changed, City provides funding by pa ke Irma, Simpson Nature Trail, Darsey Park, Thig	
. List any formal service delivery ag this service:	reements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this service or fee changes, etc.), and when will they take eff	
	e or fee changes, etc.), and when will they take ef	
acts of the General Assembly, rate Person completing form: Tony Co Phone number: 229-482-2088 Is this the person who should be of	e or fee changes, etc.), and when will they take ef	fect?







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should be reported to the Department of Community Affairs.		
COUNTY: LANIER	Service: PLANNING	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authomorphisms Planning Advisory Commission.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): City of Lakeland/Lanier	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

	y that will help to pay for this service and indicateral funds, special service district revenues, hotel .	
Local Government or Author	ity Funding	Method
Lanier County	General Fund	
City of Lakeland	General Fund	
	previous arrangements for providing and/or fun-	
this service:	agreements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dates
İ		
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	
projects are consistent with the s	Date completed: 4/2/2016 contacted by state agencies when evaluating wervice delivery strategy? ⊠Yes □No t person(s) and phone number(s) below:	hether proposed local government







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should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: PUBLIC HEALTH
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author	ority Funding	Method
anier County	General Fund	
low will the strategy change to	ne previous arrangements for providing and/or fur	nding this service within the county?
Change, this form has been ake this submittal a complete	completed due to the age of the last Service Deli record.	very Strategy update in 2005, and to
ist any formal service delivery is service:	agreements or intergovernmental contracts that	will be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
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	oonaddiig i diddo	Enecuve and Ending Date
	- Considering Farage	Enecuve and Ending Date
		Enecuve and Ending Date
		Enecuve and Ending Date
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Vhat other mechanisms (if anyots of the General Assembly,	/) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, le
cts of the General Assembly, Person completing form: Tony	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, le
Person completing form: Tony hone number: 229-482-2088 s this the person who should be	/) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, le effect?







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should be reported to the Department of Community Affairs.		
COUNTY: LANIER	Service: PUBLIC WORKS	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
☑One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.): City of Lakeland Lanier County	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	

Local Government or Author		ding Method
Lanier County	General Fund	
City of Lakeland	General Fund	
How will the strategy change the	ne previous arrangements for providing and/or	funding this service within the county?
No Change, this form has been make this submittal a complete	completed due to the age of the last Service [record.	Delivery Strategy update in 2005, and to
List any formal service delivery this service:	agreements or intergovernmental contracts to	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for thate or fee changes, etc.), and when will they t	s service (e.g., ordinances, resolutions, loca
What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for the ate or fee changes, etc.), and when will they t	s service (e.g., ordinances, resolutions, local
What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for the ate or fee changes, etc.), and when will they t	s service (e.g., ordinances, resolutions, loc ake effect?
acts of the General Assembly, r	o) will be used to implement the strategy for the ate or fee changes, etc.), and when will they to the county Administrator Date completed: 4/2/2016	s service (e.g., ordinances, resolutions, loc ake effect?
Person completing form: Tony Phone number: 229-482-2088 Is this the person who should be	ate or fee changes, etc.), and when will they t	ake effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service Answer each question below, attaching additional pages as ne should be reported to the Department of Community Affairs.	ce listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: PUBLIC HOUSING
Check the box that best describes the agreed u	pon delivery arrangement for this service:
Service will be provided countywide (i.e., incl this box is checked, identify the government, aut	luding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.):
Service will be provided only in the unincorpo checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is rganization providing the service.):
☑One or more cities will provide this service on in unincorporated areas. (If this box is checked, City of Lakeland	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service on service in unincorporated areas. (If this box is characteristics.):	ly within their incorporated boundaries, and the county will provide the necked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other organ	map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the strawill be taken to eliminate them, the responsible particles	ategy, attach an implementation schedule listing each step or action that rty and the agreed upon deadline for completing it.

SDS FORM 2, continued

 List each government or auth enterprise funds, user fees, go fees, bonded indebtedness, e 	eneral fur	will help to pay for this service and indicate how nds, special service district revenues, hotel/mote	the service will be funded (e.g., el taxes, franchise taxes, impact
Local Government or Auti	ority	Funding Meth	and
City of Lakeland	iority	General Fund	100
Only of Editoralia			
		_	
. How will the strategy change	the previo	ous arrangements for providing and/or funding t	his service within the county?
No Change, this form has beer make this submittal a complete	n complet e record.	red due to the age of the last Service Delivery Si	trategy update in 2005, and to
this service:	ry agreen	nents or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
	+		
<u> </u>			
. What other mechanisms (if ar acts of the General Assembly,	ny) will be rate or fe	used to implement the strategy for this service ee changes, etc.), and when will they take effect	(e.g., ordinances, resolutions, local?
			·
. Person completing form: Ton Phone number: 229-482-2088	-	, County Administrator te completed: 4/11/2016	
. Is this the person who should projects are consistent with the	be conta e service	cted by state agencies when evaluating whethe delivery strategy? ☐Yes ☑No	r proposed local government
If not, provide designated cont DIANE WESTBERRY, CITY O	tact perso	on(s) and phone number(s) below: 29-482-3100	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: ROAD MAINTENANCE
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only veservice in unincorporated areas. (If this box is check service.): City of Lakeland Lanier County	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Authority	Funding	Method
Lanier County	General Fund, State, Federal, Grants, and	
City of Lakeland	General Fund, State, Federal, Grants and	
How will the strategy change the pre	evious arrangements for providing and/or fun	ding this service within the county?
ity of Lakeland and Lanier County w	vill provide the service within its own respective	ve jurisidiction.
nis service:	ements or intergovernmental contracts that v	vill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Vhat other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will cts of the General Assembly, rate o	be used to implement the strategy for this se r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
cts of the General Assembly, rate o	r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
Person completing form: Tony Colli	r fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
Person completing form: Tony Colli	ns, County Administrator Date completed: 4/2/2016	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY: LANIER	Service: SANITARY SEWER COLLECTION AND TREATMENT			
Check the box that best describes the agreed upon	n delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is anization providing the service.):			
☑One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide City of Lakeland	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	,			

SDS FORM 2, continue

Local Government or Auth		nding Method
City of Lakeland	User Fees	
How will the strategy change t	he previous arrangements for providing and	or funding this service within the county?
No Change, this form has been make this submittal a complete	completed due to the age of the last Service record.	e Delivery Strategy update in 2005, and to
List any formal service deliver this service:	y agreements or intergovernmental contracts	s that will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, locally take effect?
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, locally take effect?
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, locally take effect?
acts of the General Assembly, Person completing form: Tony	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the Collins, County Administrator Date completed: 4/2/2016	this service (e.g., ordinances, resolutions, loc y take effect?
Person completing form: Tony Phone number: 229-482-2088 Is this the person who should it	rate or fee changes, etc.), and when will the	y take effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1. Section III. Use exactly the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: SOCIAL SERVICES
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Lanier County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is anization providing the service.):
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only viservice in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued		_		
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enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	ral funds, special service district revenues, hotel	e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Author	ity Funding	Method
anier County	General Fund	inculou .
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
nake this submittal a complete re	empleted due to the age of the last Service Delivers cord. greements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
		Enverse and Enverig Date.
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc effect?
Person completing form: Tony C Phone number: 229-482-2088	ollins, County Administrator Date completed: 4/2/2016	
s this the person who should be projects are consistent with the s	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No	nether proposed local government
f not, provide designated contact		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: SOLID WASTE MANAGEMENT
Check the box that best describes the agreed upo	on delivery arrangement for this service;
Service will be provided countywide (i.e., includ this box is checked, identify the government, authority	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.): City of Lakeland Lanier County	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

Local Government or Authority	Funding	Method	
anier County	General Fund and User Fees		
City of Lakeland	General Fund and User Fees		
How will the strategy change the pro	evious arrangements for providing and/or fund	ling this service within the county?	
o Change, this form has been comp	pleted due to the age of the last Service Delive	ery Strategy update in 2005, and to	
ake this submittal a complete recor	d.		
ist any formal service delivery agre	ements or intergovernmental contracts that w	rill be used to implement the strategy	
nis service:			
Agreement Name	Contracting Parties	Effective and Ending Det	
Agreement Name	Contracting Parties	Effective and Ending Dat	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties	Effective and Ending Dat	
What other mechanisms (if any) will	be used to implement the strategy for this sen	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this send fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, k	
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, r	be used to implement the strategy for this set or fee changes, etc.), and when will they take on the changes, etc.) and when will they take on the completed: 4/2/2016	rvice (e.g., ordinances, resolutions, keffect?	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: LANIER	Service: STORM WATER MANAGEMENT
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
⊠One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide City of Lakeland	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versions in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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 List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.) 	y that will help to pay for this service and indica eral funds, special service district revenues, hot	ate how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	ity Fundin	g Method
City of Lakeland	General Fund	
	previous arrangements for providing and/or fu	
make this submittal a complete re	cord.	
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ste or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, local e effect?
7. Person completing form: Tony C Phone number: 229-482-2088 8. Is this the person who should be projects are consistent with the s	te or fee changes, etc.), and when will they take collins, County Administrator Date completed: 4/2/2016 contacted by state agencies when evaluating vervice delivery strategy? □Yes ⊠No t person(s) and phone number(s) below:	e effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

· · · · · · · · · · · · · · · · · · ·	
COUNTY: LANIER	Service: WATER SUPPLY TREATMENT AND DISTRIBUTION
1. Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued

	ity that will help to pay for this service and ind eral funds, special service district revenues, h.).	
Local Government or Author	rity Fund	ling Method
City of Lakeland	User Fees	
. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
make this submittal a complete r	completed due to the age of the last Service E ecord. , agreements or intergovernmental contracts the	
Agreement Name	Contracting Parties	Effective and Ending Dates
Water and Sewer Services	City of Lakeland and Lanier County	5/1/99 thru open-ended
) will be used to implement the strategy for thi ate or fee changes, etc.), and when will they t	
	Collins, County Administrator Date completed: 4/2/2016 e contacted by state agencies when evaluating service delivery strategy? ☐Yes ⊠No	ng whether proposed local government







FORM 3: 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 an update 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.

Community Affairs.	should be reported to the bepartment of
COUNTY: LANIER	
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? No incompatibilities or conflicts were identified between the land use plans of the local go of the service delivery strategy. Consistent land use plans were prepared by South Geo of Lanier County and the City of Lakeland as part of the Growth Strategies Planning ProcLakeland have a joint planning advisory commission and compatible land subdivision ori	overnments during the development orgia Regional Commission on behalf cess. Lanier County and City of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
Amendments to existing comprehensive plans	
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Lanier County and City of Lakeland have adopted a joint resolution ensure and/or sewer service is compatible with contiguous land use plans and ordinances, process is in place, see attached resolution.	with all applicable land use plans suring that proposed extraterritorial
4. Person completing form: Tony Collins, County Administrator	
Phone number: 229-482-2088 Date completed: 4/11/2016	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
TYPE CONTACT NAME, TITLE & PHONE HERE	







FORM 4: Certifications

Instructions:

This form 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 a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: LANIER

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 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)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LANIER COUNTY	Chairman	Alex Lee	aly In	4-27-16
CITY OF LAKELAND	Mayor	Bill Darsey	Chy In Bill Dorsy	4-27