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MAY 27 2008

GEORGIA, LOWNDES COUNTY

**SERVICE DELIVERY STRATEGY AGREEMENT**

This Agreement, made and entered into by and between the City of Dasher, Georgia (“Dasher”), the City of Hahira, Georgia (“Hahira”), the City of Lake Park, Georgia (“Lake Park”), the City of Remerton, Georgia (“Remerton”), the City of Valdosta, Georgia (“Valdosta”), and Lowndes County, Georgia (“the County”) (collectively “the parties”);

WITNESSETH:

WHEREAS, Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia (the “Act”) requires local governments to develop a service delivery strategy; and

WHEREAS, the Act provides that local governments may review and revise their service delivery strategy; and

WHEREAS, the Act provides the parties shall review, and revise if necessary, their service delivery strategy whenever necessary due to changes in revenue distribution arrangements, and

WHEREAS, the Act provides a service delivery strategy shall include an indication of all local government services presently provided or primarily funded by each general purpose local government and each authority within the county, an assignment of which local government or authority will provide each service, a description of the source of the funding of each service, and an identification of mechanisms utilized to facilitate the implementation of the services and funding responsibilities; and

WHEREAS, the Act includes certain criteria for a service delivery strategy; and

WHEREAS, the Act provides a service delivery strategy shall promote the delivery of local government services in the most efficient, effective, and responsive manner and shall identify steps which will be taken to remediate or avoid overlapping and unnecessary competition and duplication of service delivery; and

WHEREAS, the Act provides that the strategy shall provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider shall not be arbitrarily higher than the fees charged to customers receiving such services which are located within the geographic boundary of the service provider; and

WHEREAS, the Act provides the strategy shall ensure that the cost of any service which a county provides primarily for the benefit of the unincorporated area of the county shall be borne by the unincorporated area residents, individuals, and property owners who receive the service; and

WHEREAS, the Act provides the strategy shall provide that where the county and one or more municipalities jointly fund a county-wide service, the county share of such funding shall be borne by the unincorporated residents, individuals, and property owners that receive the service; and

WHEREAS, the parties have determined to review and revise their service delivery strategy; and

WHEREAS, the parties have reached agreement on the provision of government services of the parties effective July 1, 2008;

NOW THEREFORE, the parties do hereby agree to the following:

## SERVICE DELIVERY STRATEGY PROVISIONS

1. For and during the term of this Agreement, local government services of the parties shall be provided and funded as set forth on the form required by DCA executed concurrently herewith, which form is made a part of this Agreement.
2. This service delivery strategy promotes the delivery of local government services in an efficient, effective and responsive manner for all residents, individuals and property owners throughout the County and remediates or avoids overlapping and unnecessary completion and duplication of service delivery.
3. Water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than fees charged to customers receiving such service located within the geographic boundaries of the service provider.
4. This service delivery strategy ensures that the cost of any services the County 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.
5. The land use plans of the parties are compatible and non-conflicting.
6. The provision of extraterritorial water and sewer services by the parties shall be consistent with all applicable land use plans and ordinances.
7. Land use classification disputes that arise when the County objects to the proposed land use of an area to be annexed into a city shall be resolved by the process set forth in O.C.G.A. § 36-36-110 et seq.

## GENERAL PROVISIONS

1. This Agreement shall be valid upon execution by the County, Valdosta, and two of Dasher, Hahira, Lake Park and Remerton. It shall become effective July 1, 2008 and shall remain in force and effect until reviewed and revised by the parties in accordance with the Act.
2. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected thereby and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.
3. The validity, interpretation, and performance of this Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.
4. This Agreement constitutes the entire agreement and understanding of the parties and supersedes and revokes any prior agreement or understanding relating to the subject matter of this Agreement, provided, however, those agreements of the parties identified in the form required by DCA executed concurrently herewith and made a part of this Agreement are not superseded or revoked by this Agreement. No change, amendment, termination or attempted waiver of any of the provisions hereof shall be binding unless reduced to writing and signed by all parties hereto.
5. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

6. Any notice or communications required or permitted hereunder shall be sufficiently given if sent by Registered or Certified Mail, Return Receipt Requested, postage pre-paid, addressed as follows:

As to Dasher

Mayor  
City of Dasher  
3686 Highway 41 South  
Dasher, GA 31601

As to Hahira:

City Manager  
City of Hahira  
102 S. Church Street  
Hahira, GA 31632

As to Lake Park

Mayor  
City of Lake Park  
120 Essa Street  
Lake Park, GA 31636

As to Remerton

City Manager  
City of Remerton  
1757 Poplar Street  
Remerton, GA 31601

As to Valdosta:

City Manager  
City of Valdosta  
P.O. Box 1125  
Valdosta, GA 31603-1125

As to the County:

County Manager  
Lowndes County, Georgia  
P.O. Box 1349  
Valdosta, GA 31603-1349

or such address as shall be furnished by such notice to the other parties.

7. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or different in character.
8. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

#### SPECIAL SETTLEMENT PROVISIONS

1. In regards to parks and recreation services:
  - a. Subject to agreement of the Valdosta-Lowndes County Parks and Recreation Authority, Valdosta and Lowndes County shall transfer by deed existing and future parks and recreation facilities to such Authority, including facilities constructed with approved SPLOST proceeds. Such transfers may, in the discretion of the transferring party and the Authority, be subject to deed restrictions, regulatory restrictions or a reversionary provision applicable in the event such Authority determines not to use such facility for parks and recreation purposes. For any properties for which a transfer by deed would be precluded by a reversionary provision of Valdosta or Lowndes County's deed to the property or for other legal reason, Valdosta or Lowndes County may make the subject property available for use by such Authority under a long term lease or other contractual arrangement of at least 20 and up to 50 years.
  - b. Valdosta and Lowndes County shall transfer to such Authority their rights and interests in personal property used for parks and recreation services as agreed by such Authority and the subject party.
  - c. Valdosta and Lowndes County will urge such Authority to consider acting upon applicable recommendations of the current Lose & Associates Master Plan.

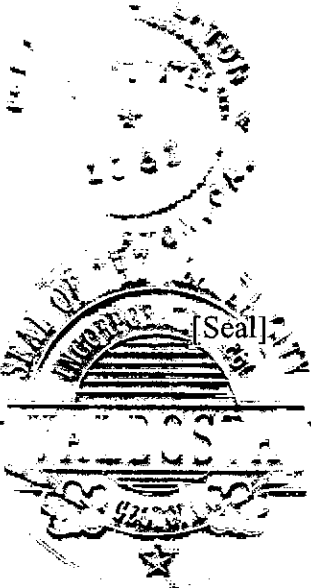
- d. The offices of such Authority shall be housed in a facility other than the offices of Valdosta or Lowndes County. The offices of such Authority may be housed in a building jointly owned by Valdosta and Lowndes County.
  - e. Pursuant to Georgia SPLOST law, the parties may allocate future SPLOST proceeds to such Authority for purposes of capital outlay projects.
2. In regards to water and sewer service areas:
    - a. The parties will continue to provide water and sewer services to the service areas illustrated on the water and sewer service area maps attached to the DCA form approved herewith.
    - b. Any party may make an extraterritorial extension of water and sewer services upon approval of the affected party. An extension may be proposed to serve multiple users. Such approval shall not be unreasonably withheld, considering the interest of any proposed user or users of such extraterritorial services, sound engineering practices, applicable regulatory requirements, efficient and effective use of public resources, the charter of the party proposing the extension and the constitutionality of the proposed extension.
3. The County road system shall continue to be funded by county-wide revenues.
  4. In regards to hotel/motel taxes and Authority funding:
    - a. The County will continue to fund the Valdosta-Lowndes County Industrial Authority from county-wide revenues based on a dedicated millage established by the County.
    - b. Valdosta may collect the hotel/motel tax from all accommodations within its corporate limits, and Lowndes County may collect the tax from accommodations within the remainder of the County. Proceeds of such tax shall be used to promote tourism as

- required by state law.
- c. Valdosta and Lowndes County will provide equal funding to the Valdosta-Lowndes County Airport Authority in accordance with the local act creating such Authority. The County's share of funding shall be paid from unincorporated area revenues.
  - d. Valdosta will fund the conference center owned and operated by the Valdosta-Lowndes County Conference Center and Tourism Authority. In view of this change in funding, Valdosta and Lowndes County will consider asking the General Assembly to amend the local act creating the Conference Center and Tourism Authority as to the composition of the Authority.
  - e. Valdosta will fund the Lowndes-Valdosta Arts Commission.
5. In regards to the County's funding of services provided primarily to the unincorporated area and services jointly funded by the County and a city:
- a. The County shall create a special revenue fund to account for revenues (including user fees) from the unincorporated area, such as insurance premium taxes, financial institutions taxes, alcohol beverage taxes, cable franchise taxes, soil control permit fees, business and corporation taxes, and zoning fees.
  - b. The County shall pay from such special revenue fund the cost of services provided by the County primarily for the benefit of the unincorporated area, including fire and rescue services, code enforcement, mosquito control, planning, zoning, geographical information services, and regional planning, and the County's share of the cost of any services jointly funded by the County and a city, including the Airport Authority.
  - c. The County will fund the cost of solid waste collection, recycling, and solid waste disposal provided by the County from enterprise funds.





[Seal]



**CITY OF REMERTON**

By: Carolin Kutsch  
Mayor

Attest: [Signature]  
Clerk

Date: 5-12-08

[Seal]



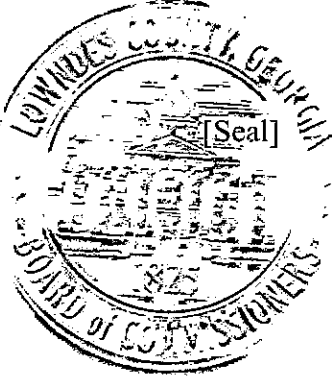
**CITY OF VALDOSTA**

By: [Signature]  
Mayor

Attest: Jalisa S. Bolde  
Clerk

Date: 5/6/08

[Seal]

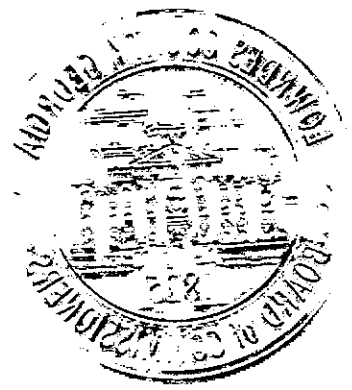
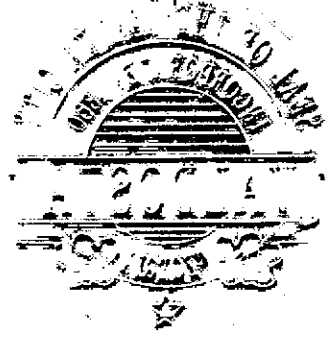


**LOWNDES COUNTY**

By: [Signature]  
Chairman

Attest: [Signature]  
Clerk

Date: 4/8/08





**I. GENERAL INSTRUCTIONS:**

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

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

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

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

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

See Attachment A

**III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:** For each service listed here, a separate *Summary of Service Delivery Arrangements* form (page 2) must be completed.

See Attachment B

**Attachment A: Local governments and Authorities**

City of Dasher

City of Hahira

City of Lake Park

City of Remerton

City of Valdosta

Lowndes County

Valdosta-Lowndes County Airport Authority

Valdosta-Lowndes County Industrial Authority

Valdosta-Lowndes County Conference Center and Tourism Authority

Hospital Authority of Valdosta and Lowndes County, Georgia

Hahira Housing Authority

Valdosta Housing Authority

Quitman Housing Authority

Central Valdosta Development Authority

Remerton Downtown Development Authority

## **Attachment B: Included services**

Airport  
Industrial Development  
Tourism promotion  
Conference center  
Arts Center  
Animal control  
Elections – federal, state and county  
Elections – city  
Building inspections  
Cemeteries  
Code enforcement  
Death examinations  
Courts – state and county  
Courts – municipal  
Clerk of courts – state and county  
911 call answering, emergency vehicle dispatch  
Emergency management  
Emergency medical services  
Fire protection, emergency rescue  
Hospital  
Prisoner housing – state and county court prisoners  
Prisoner housing – municipal court prisoners  
Litter control  
Mosquito control  
Regional planning  
Planning  
Law enforcement – countywide  
Law enforcement – cities  
Public housing  
Parks and recreation  
Road construction  
Road maintenance  
Drug abuse education  
Downtown development  
Water  
Sewer  
Solid waste collection  
Recycling  
Solid waste disposal  
Libraries  
Street lighting  
Property tax valuation  
Zoning  
Tax collection – county taxes

**Attachment B continued:**

Tax collection – city taxes

Criminal prosecution – state courts

Criminal prosecution – city courts

Indigent defense – state and county courts

Indigent defense – city courts

Probation services – state and county courts

Probation services – city courts

Public health

Mental health

Family and children services

Extension services

Geographic information system



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** airport

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Valdosta-Lowndes County Airport Authority

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Lowndes County  
Valdosta  
Valdosta-Lowndes County Airport Authority

**Funding Method:**

unincorporated area revenues  
hotel/motel taxes  
user fees

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

This service will be funded equally by Valdosta and Lowndes County. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund the County's share of the cost of this service will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 7/01/08 (as applicable)

Ending date: - -

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

Local Act creating Valdosta-Lowndes County Airport Authority

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** industrial development

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Valdosta-Lowndes County Industrial Authority

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds

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

No change. This service will be funded solely by Lowndes County from countywide revenues based on a dedicated millage established by the County shown as a separate line on property tax bills.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 12/03/07 (as applicable)

Ending date: - -

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

1974 Constitutional amendment creating Valdosta-Lowndes County Industrial Authority

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** tourism promotion

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): Valdosta and Lowndes County will each contract with the Valdosta-Lowndes County Conference Center and Tourism Authority to provide the service for fiscal year 2009 in accordance with the Georgia statute authorizing the collection of hotel/motel taxes. For years thereafter, Valdosta and Lowndes County each may in its discretion contract with such Authority and/or such other entities with which it may contract to promote tourism in accordance with said statute, in which event, the parties shall so advise DCA. All such entities shall promote tourism countywide. A map of the County is attached.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Lowndes County  
Valdosta

**Funding Method:**

hotel/motel taxes  
hotel/motel taxes

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

Valdosta and Lowndes County will each contract with the Valdosta-Lowndes County Conference Center and Tourism Authority to provide the service for fiscal year 2009 in accordance with the Georgia statute authorizing the collection of hotel/motel taxes. For years thereafter, Valdosta and Lowndes County each may in its discretion contract with such Authority and/or such other entities with which it may contract to promote tourism in accordance with said statute, in which event, the parties shall advise DCA.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 1/1/08 (as applicable)

Ending date: - -

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

Local Act creating Valdosta-Lowndes County Conference Center and Tourism Authority

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

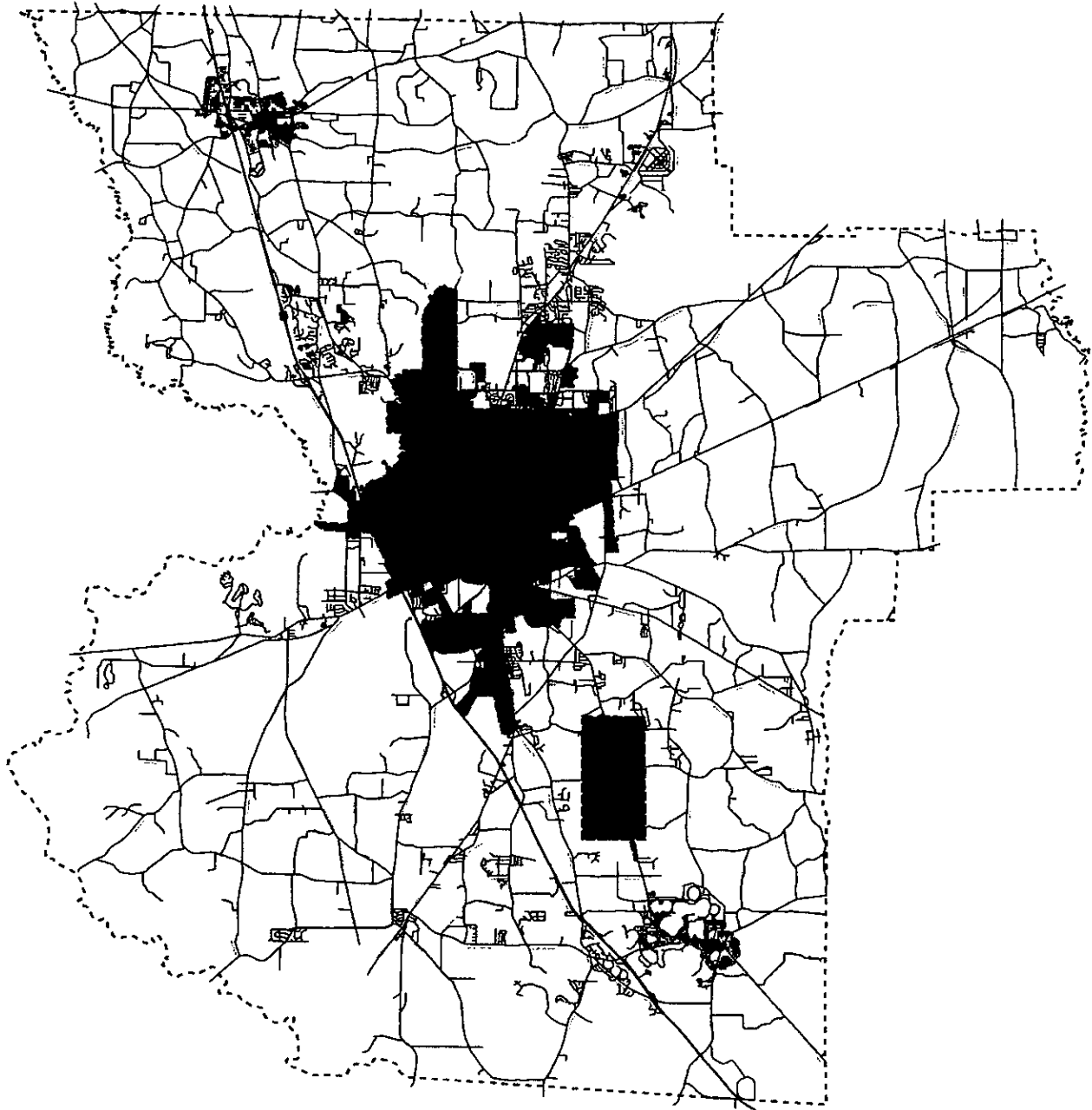
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes  No

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

# Lowndes County

April 2008



## Legend

— roads

Current City Limits

### NOTE

● Dasher

● Hahira

● Lake Park

● Remerton

● Valdosta

--- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web- <http://glaweb.sgrdc.com>



30,000 15,000 0 30,000 Feet





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** conference center

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Valdosta-Lowndes County Conference Center and Tourism Authority

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

Local Government or Authority:

Valdosta

Funding Method:

hotel/motel taxes

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

This service will be funded solely by Valdosta.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 7/1/08 (as applicable)

Ending date: - -

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

Local Act creating Valdosta-Lowndes County Conference Center and Tourism Authority

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** arts center

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes-Valdosta Arts Commission

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): \_\_\_\_\_

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): \_\_\_\_\_

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Valdosta

**Funding Method:**

hotel/motel taxes

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

This service will be funded solely by Valdosta.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 7/1/08 (as applicable)

Ending date: - -

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** animal control

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Lowndes County

**Funding Method:**

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** elections – federal, state and county

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Board of Elections

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): \_\_\_\_\_

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): \_\_\_\_\_

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Lowndes County

**Funding Method:**

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** elections – city

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** building inspections

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County.

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (Sec O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

regulatory fees  
regulatory fees  
regulatory fees, general funds  
regulatory fees  
regulatory fees  
regulatory fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Intergovernmental Agreement for Provision of Building Inspections Services

**Contracting Parties:**

Dasher, Hahira, Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 11/1/06

Ending date: automatically renews for consecutive years

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** cemeteries

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Lake Park, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Lake Park  
Valdosta

***Funding Method:***

general funds  
general funds, trust fund, user fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
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**County:** Lowndes

**Service:** code enforcement

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds  
unincorporated area revenues

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

No change. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund this service as provided by the County will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Intergovernmental Agreement for Code Enforcement

**Contracting Parties:**

Valdosta, Hahira

**Effective and Ending Dates:**

Effective date: 11/1/06

Ending date: automatically renews on annual basis unless terminated by either party

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** death examinations

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Coroner

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





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SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** courts – state and county

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** courts – municipal

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** clerk of court – state and county courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Clerk of Courts

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

***Funding Method:***

Lowndes County

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** 911 call answering, emergency vehicle dispatch

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
911 fees, general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** emergency management

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



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SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** emergency medical services

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds, user fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** fire protection, emergency rescue

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (Sec O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds  
unincorporated area revenues only

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

No change. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund this service as provided by the County will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

untitled

**Contracting Parties:**

Dasher, Lowndes County

**Effective and Ending Dates:**

Effective date: 4/7/03

Ending date: continues from year to year until cancelled by either party

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** hospital

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Hospital Authority of Valdosta and Lowndes County, Georgia

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Hospital Authority of Valdosta and Lowndes  
County, Georgia

**Funding Method:**

user fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** prisoner housing – state and county court prisoners

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Sheriff

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



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SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** prisoner housing – municipal court prisoners

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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***Local Government or Authority:***

Hahira  
Lake Park  
Remerton  
Valdosta

***Funding Method:***

general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** litter control

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County - KLVB

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Lowndes County

**Funding Method:**

solid waste host fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** mosquito control

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Valdosta  
Lowndes County

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
unincorporated area revenues only

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

No change. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund this service as provided by the County will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

---

**Instructions:**

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

**County:** Lowndes

**Service:** regional planning

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Valdosta  
Lowndes County

**Funding Method:**

general funds  
unincorporated area revenues only

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

No change: Statutorily required RDC dues will be paid by Lowndes County and Valdosta. Lowndes County will pay a percentage of the dues based on the unincorporated area population based on the most recent population estimates on which RDC dues are based that include city and unincorporated area populations. Valdosta will pay the remainder of the required RDC dues. Lowndes County will create a special revenue fund to account for revenues from the unincorporated area, from which fund the County's share of the cost of this service will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

---

**Instructions:**

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

**County:** Lowndes

**Service:** planning

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

***Funding Method:***

general funds  
general funds  
general funds  
general funds  
general funds  
unincorporated area revenues only

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

No change. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund this service as provided by the County will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** law enforcement – countywide

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Sheriff

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**  
Lowndes County

**Funding Method:**  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** law enforcement - cities

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Agreement between the City of Dasher, Georgia and Lowndes County Sheriff's Office

**Contracting Parties:**

Dasher, Lowndes County Sheriff

**Effective and Ending Dates:**

Effective date: 7/1/02

Effective date: automatically renews from year to year unless cancelled

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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





**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** public housing

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): This service shall be provided for Hahira by the Hahira Housing Authority, for Lake Park by the Quitman Housing Authority, and for Valdosta by the Valdosta Housing Authority. A map of the County and the current municipal boundaries is attached.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Hahira Housing Authority  
Quitman Housing Authority (for Lake Park)  
Valdosta Housing Authority

**Funding Method:**

rents, federal subsidies  
rents, federal subsidies  
rents, federal subsidies

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

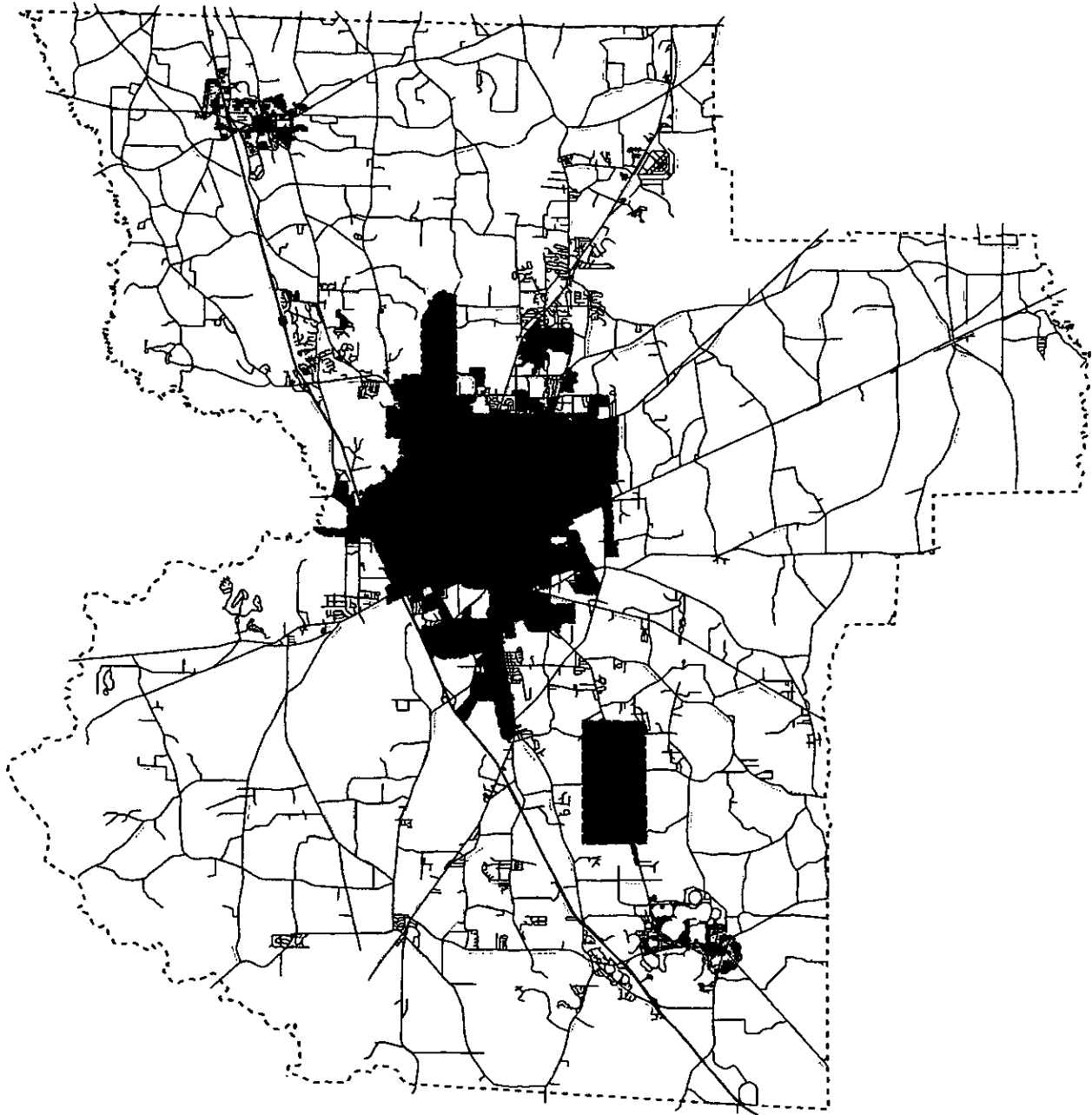
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes  No

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

# Lowndes County

April 2008



**Legend**

- roads
- Current City Limits
- NOTE**
- Dasher
- Hahira
- Lake Park
- Remerton
- Valdosta
- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web- <http://gisweb.sgrdc.com>





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** parks and recreation

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): This service will be provided countywide by the Valdosta-Lowndes County Parks and Recreation Authority. Each local government may in its discretion provide additional parks and recreation services within its corporate limits. A map of the County and current municipal corporate limits is attached.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**  
Valdosta-Lowndes County Parks and  
Recreation Authority  
Lowndes County

**Funding Method:**  
user fees  
  
dedicated countywide millage

Any additional services will be funded from the general funds of the local government providing the service.

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

This service will be provided countywide by the Valdosta-Lowndes County Parks and Recreation Authority, which shall be funded by Lowndes County from county-wide revenues based on a dedicated county-wide millage shown as a separate line item on annual property tax bills. In addition, each local government may in its discretion provide additional parks and recreation services within its corporate limits. Any such additional services shall be funded from general funds of the local government providing the service.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

Local Act creating Valdosta-Lowndes County Parks and Recreation Authority

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

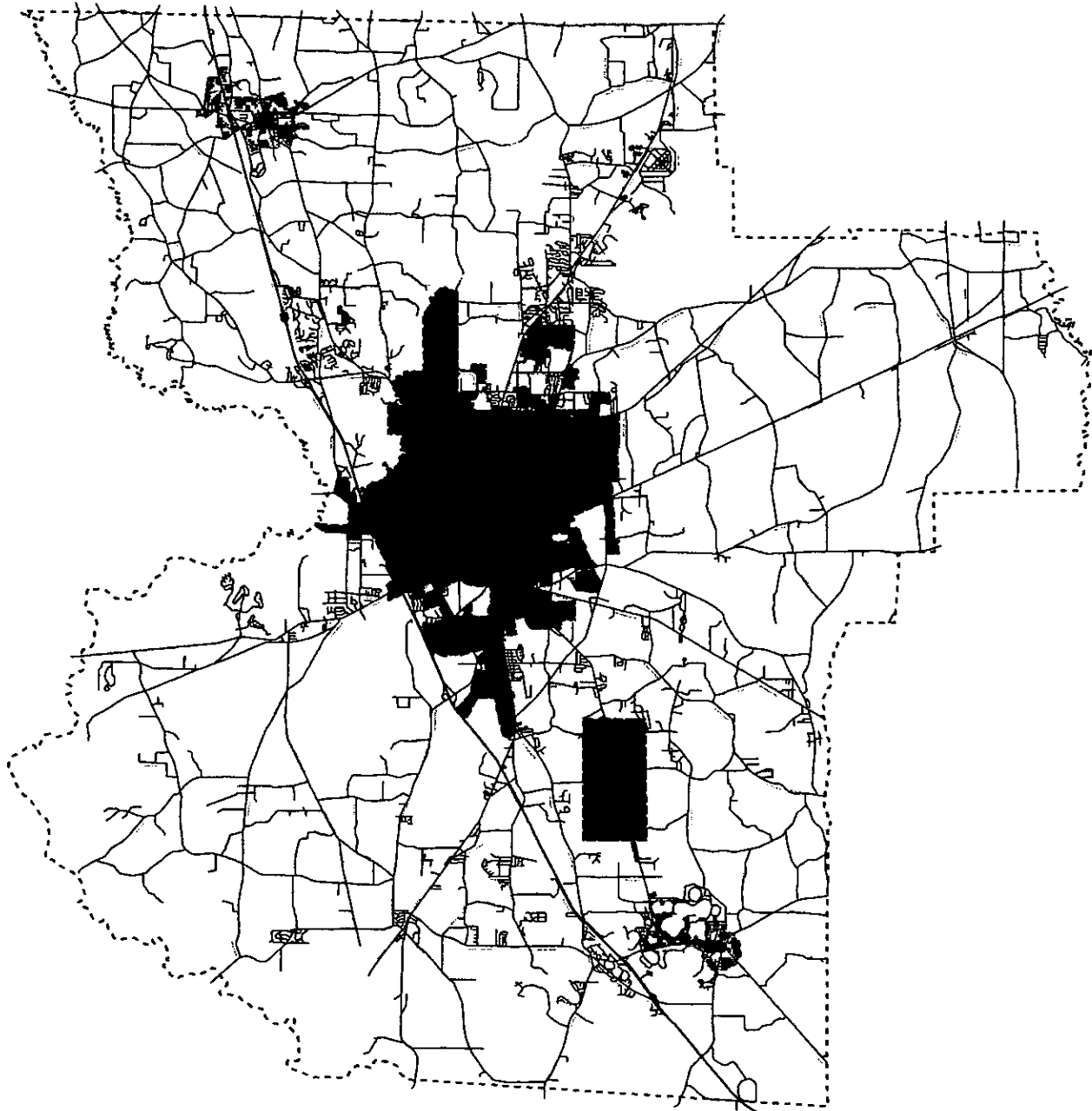
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes  No

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

# Lowndes County

April 2008



## Legend

— roads

Current City Limits

### NOTE

● Dasher

● Hahira

● Lake Park

● Remerton

● Valdosta

--- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web - <http://gisweb.sgrdc.com>



30,000 15,000 0 30,000 Feet





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** road construction

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): Lowndes County will provide this service for the county road system. Each city will provide this serve for its municipal street system. A map of the County and current municipal limits is attached. Municipal streets are located within respective municipal limits. Most county roads are located in the unincorporated area. Some county roads extend into municipal limits.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

SPLOST, state and federal funding  
SPLOST, state and federal funding  
SPLOST, state and federal funding  
SPLOST, state and federal funding  
SPLOST, state and federal funding  
SPLOST, state and federal funding

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

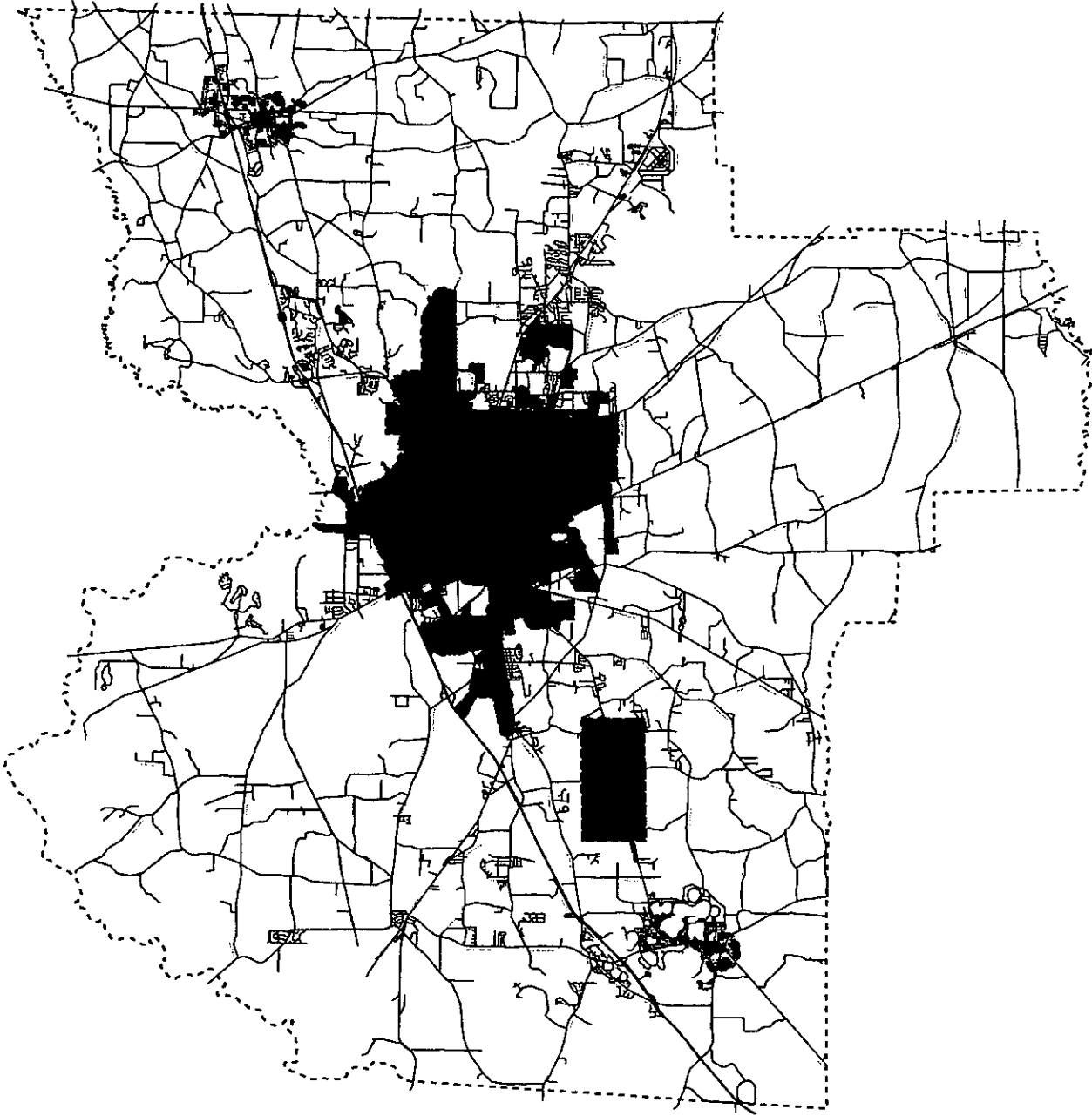
Yes  No

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



# Lowndes County

April 2008



### Legend

- roads
- Current City Limits
- NOTE\_
- Dasher
- Hahira
- Lake Park
- Remerton
- Valdosta
- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web- <http://gisweb.sgrdc.com>



30,000 15,000 0 30,000 Feet



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** road maintenance

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): Lowndes County will provide this service for the county road system. Each city will provide this serve for its municipal street system. A map of the County and current municipal limits is attached. Municipal streets are located within respective municipal limits. Most county roads are located in the unincorporated area. Some county roads extend into municipal limits.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

***Funding Method:***

general funds  
general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

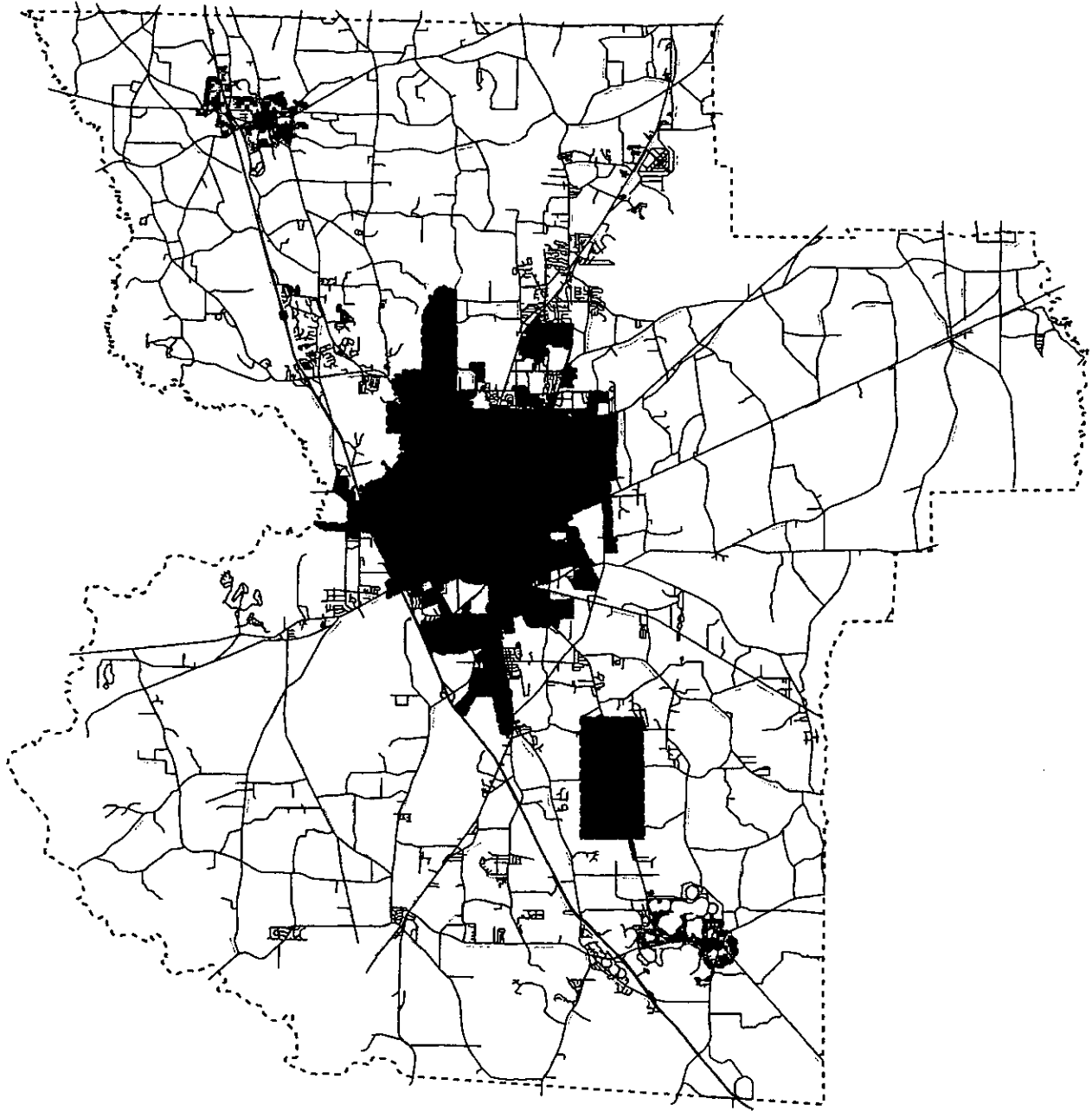
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes  No

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

# Lowndes County

April 2008



## Legend

— roads

Current City Limits

### NOTE

● Dasher

● Hahira

● Lake Park

● Remerton

● Valdosta

--- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web- <http://gisweb.sgrdc.com>



30,000 15,000 0 30,000 Feet





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** drug abuse education

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): LODAC

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Lowndes County

**Funding Method:**

court fines for drug abuse education

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

---

**Instructions:**

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

**County:** Lowndes

**Service:** downtown development

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): This service will be provided by Valdosta, Hahira and Remerton within their incorporated boundaries. In addition, this service will be provided for Valdosta by the Central Valdosta Development Authority, the Valdosta Community Improvement District, and the Valdosta Downtown Development Authority, and for Remerton by the Remerton Downtown Development Authority. A map of the County and the current municipal limits is attached.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Central Valdosta Development Authority  
Community Improvement District  
Valdosta Downtown Development Authority  
Remerton Downtown Development Authority  
Valdosta  
Hahira  
Remerton

***Funding Method:***

special service district taxes  
special service district taxes  
general funds  
special service district taxes  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

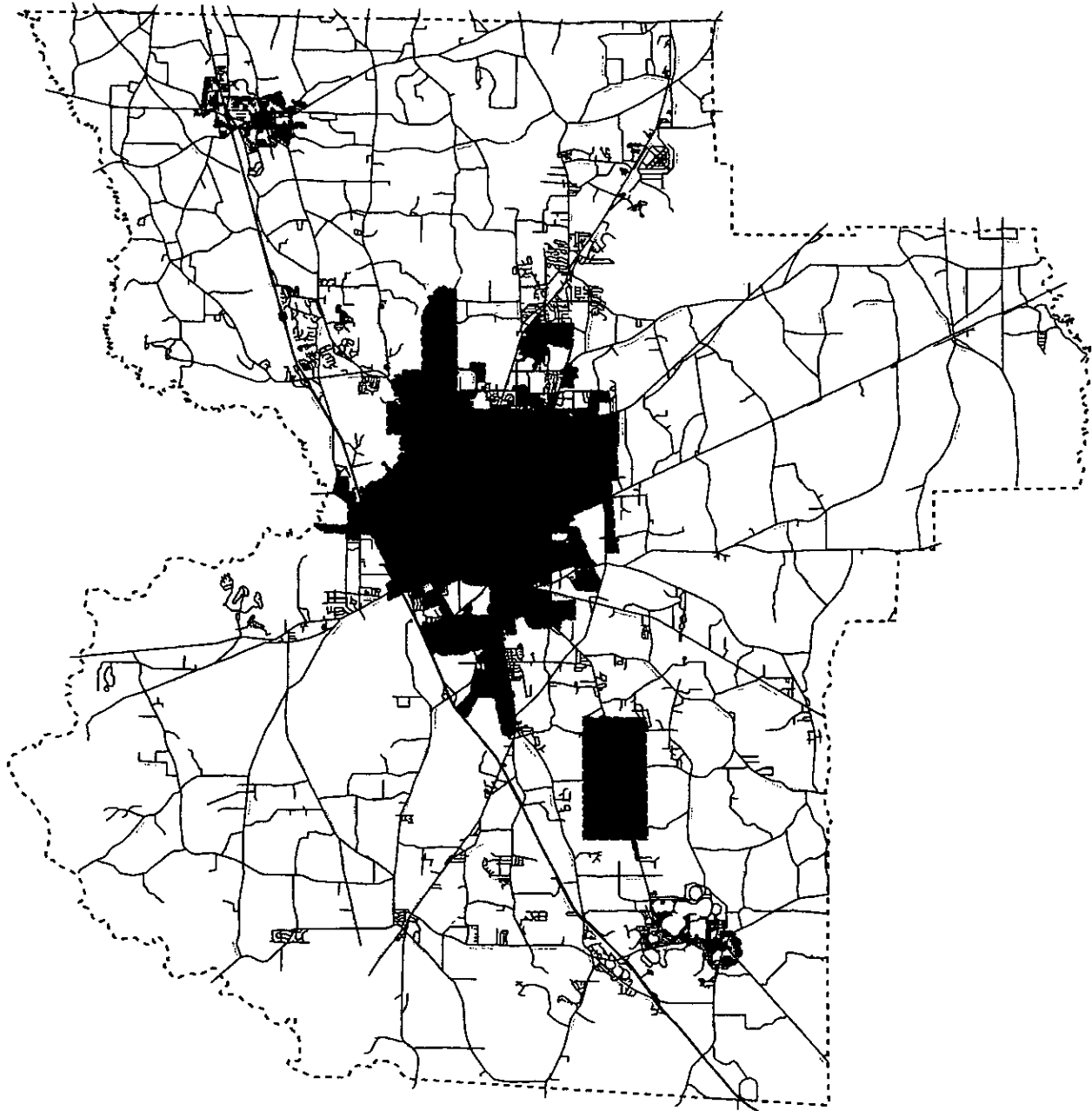
Yes  No

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



# Lowndes County

April 2008



## Legend

- roads
- Current City Limits
- NOTE**
- Dasher
- Hazira
- Lake Park
- Remerton
- Valdosta
- County boundaries

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web - <http://gisweb.agrdc.com>





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** water

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): Hahira, Lake Park, Remerton and Valdosta will provide this service within their incorporated boundaries, with exception of certain extraterritorial service areas within the incorporated area of Lake Park served by Lowndes County shown on the attached maps. Lowndes County will provide this service for the unincorporated area, with exception of certain extraterritorial service areas served by Valdosta shown on the attached maps. Additional extraterritorial extensions may be made in accordance with the Service Delivery Strategy Arbitration Settlement executed December 3, 2007.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

SPLOST/enterprise funds  
SPLOST/enterprise funds  
SPLOST/enterprise funds  
SPLOST/enterprise funds  
SPLOST/enterprise funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:**

Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 12/03/07 (as applicable)

Ending date: - -

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

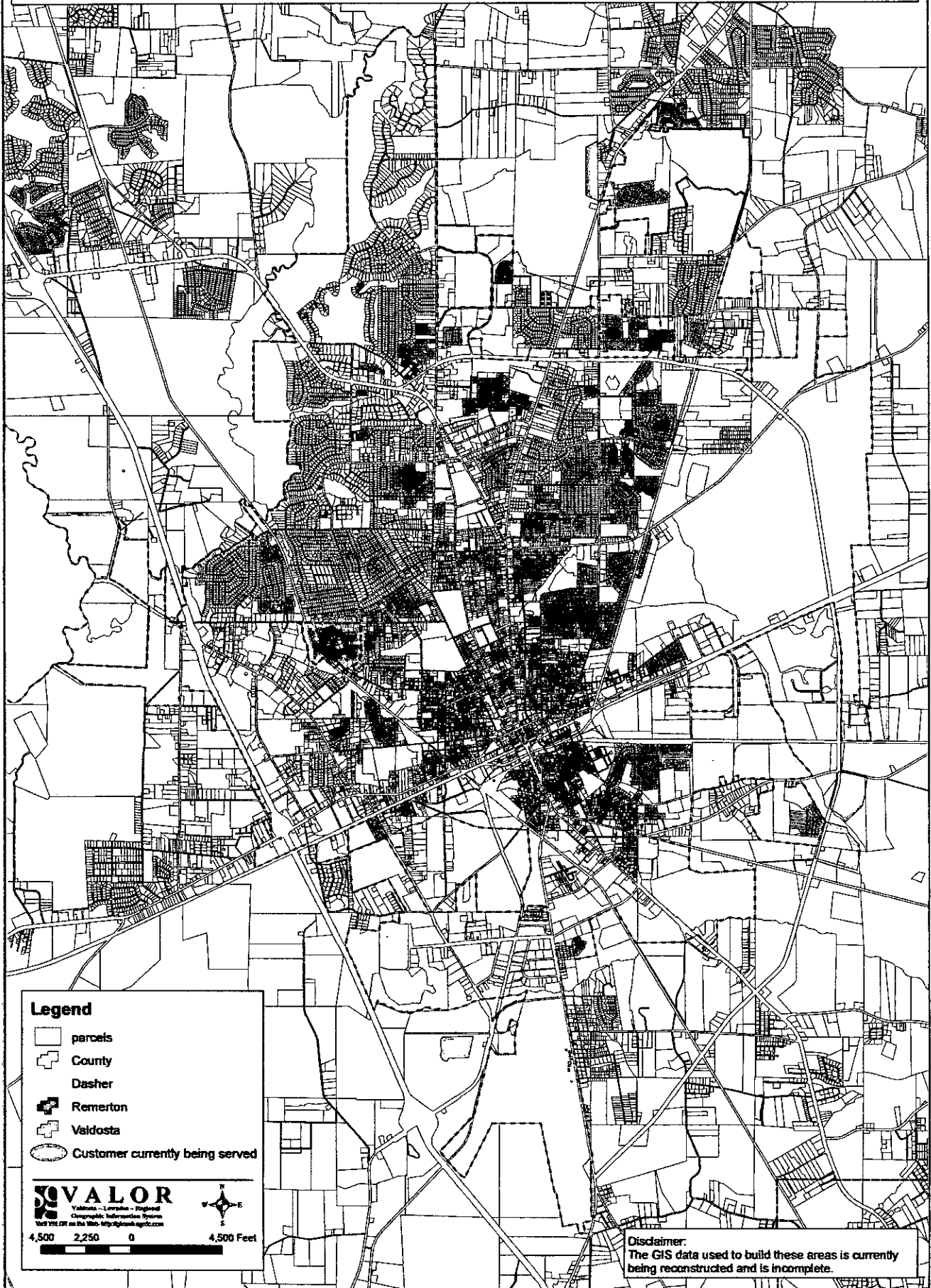
Date completed: April 8, 2008

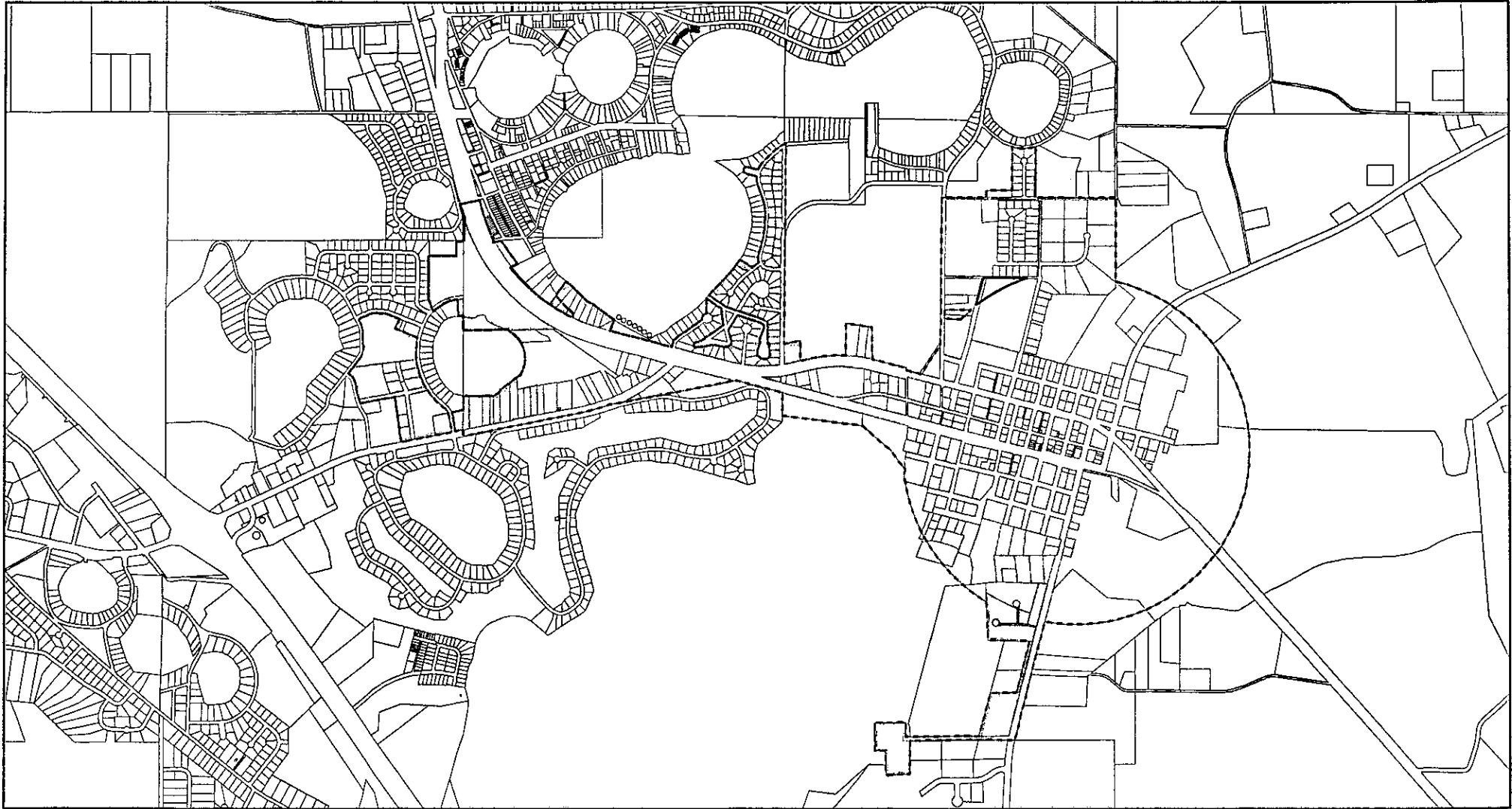
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes  No

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



# Valdosta Service Area in unincorporated Lowndes County - Water







**Lowndes County Service Area  
inside Lake Park - Water**

**Legend**

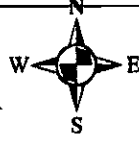
-  parcels
-  Serviced properties

 Lake Park City Limits

3,500      1,750      0

 3,500 Feet

**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web: <http://gis.lacounty.ga.gov>





**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** sewer

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): This service will be provided by Hahira and Valdosta within their incorporated boundaries. This service will be provided by Remerton and Valdosta for the incorporated area of Remerton. This service will be provided by Lowndes County in certain extraterritorial service areas within the incorporated area of Lake Park shown on the attached maps. This service will be provided by Lowndes County in unincorporated areas, with exception of certain extraterritorial service areas served by Valdosta shown on the attached maps. Additional extraterritorial extensions may be made in accordance with the Service Delivery Strategy Arbitration Settlement executed December 3, 2007.

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Hahira  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

SPLOST/enterprise funds  
SPLOST/enterprise funds  
SPLOST/enterprise funds  
SPLOST/enterprise funds

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

No change.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:** Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective date: 12/03/07 (as applicable)

Ending date: - -

**Agreement Name:** Amended and Restated Intergovernmental Services Agreement for Delivery of Sewer Services and other Purposes

**Contracting Parties:** Valdosta and Remerton

**Effective and Ending Dates:**

Effective date: 1/1/01

Ending date: Automatically renews for consecutive two year terms

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

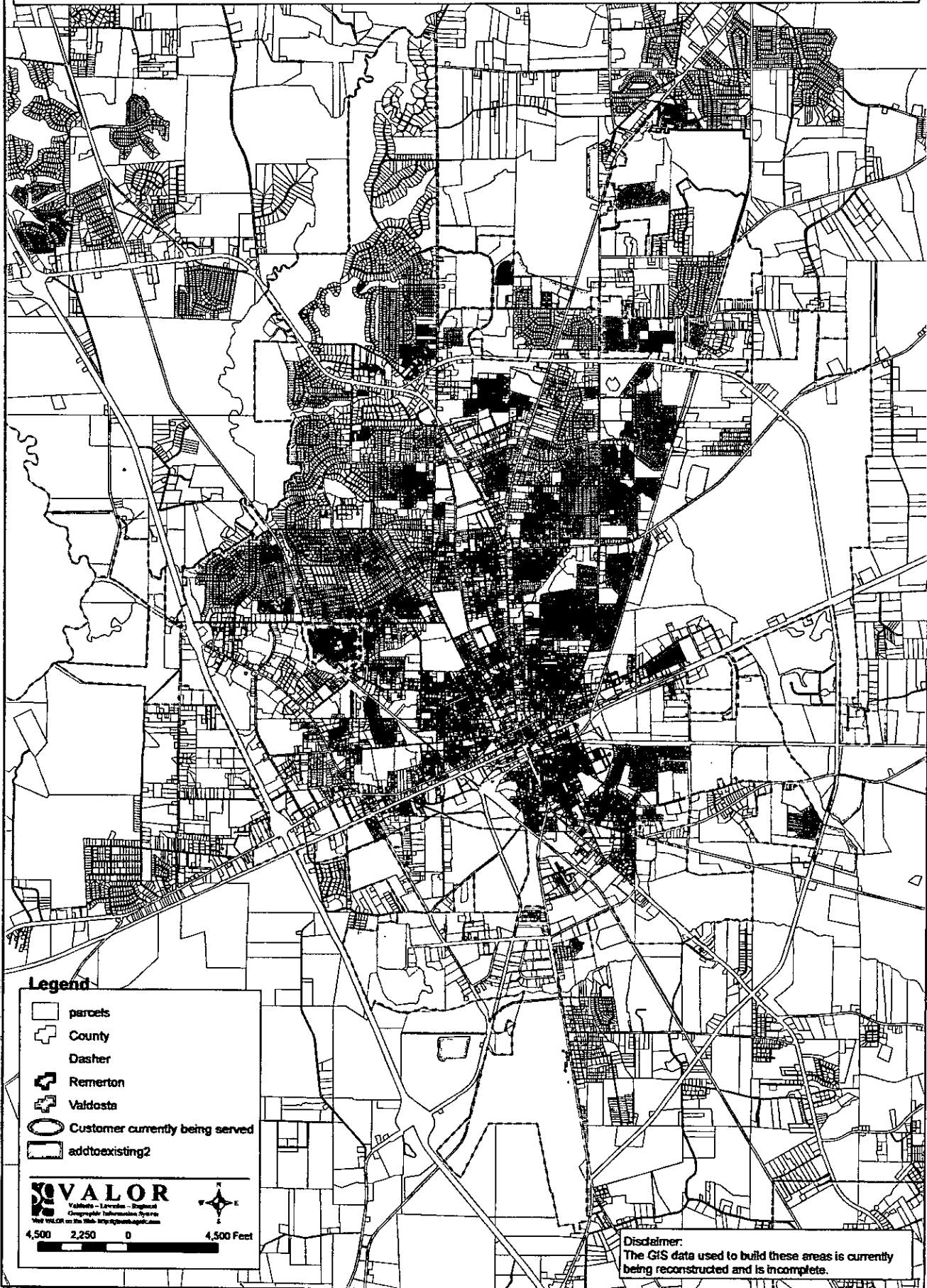
Date completed: April 8, 2008

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

Yes  No

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

# Valdosta Service Area in unincorporated Lowndes County - Sewer



## Legend

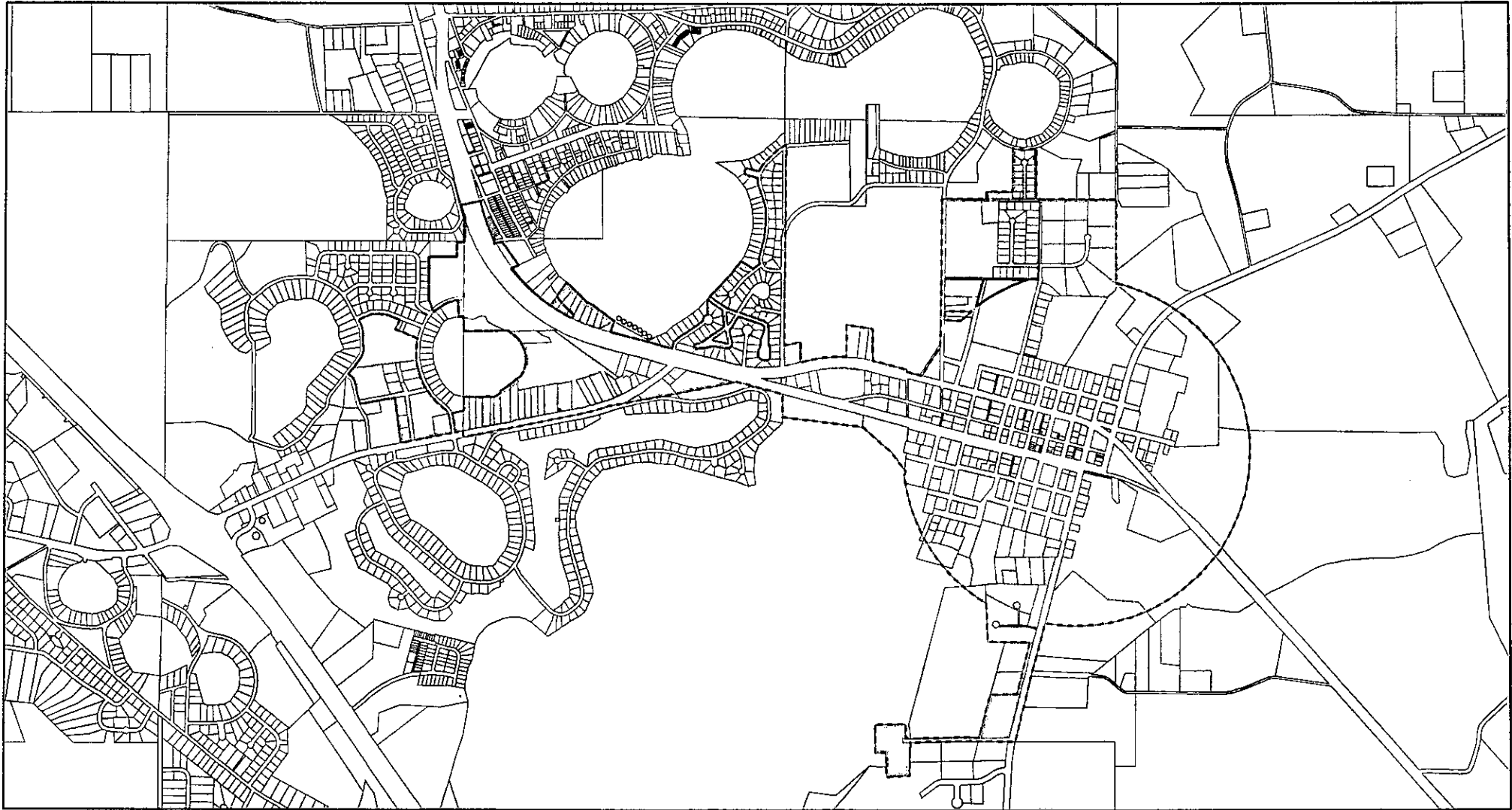
- parcels
- County
- Dasher
- Remerton
- Valdosta
- Customer currently being served
- addtoexisting2

**VALOR**  
Valdosta - Lawrence - Douglas  
Geographic Information System  
Visit VALOR on the Web: <http://valor.apc.com>

4,500 2,250 0 4,500 Feet

Disclaimer:  
The GIS data used to build these areas is currently  
being reconstructed and is incomplete.





# Lowndes County Service Area in Lake Park - Sewer

- Legend**
-  parcels
  -  serviced properties



**VALOR**  
Valdosta - Lowndes - Regional  
Geographic Information System  
Visit VALOR on the Web - <http://gweb.syrts.com>





**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** solid waste collection

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

user fees  
enterprise funds  
user fees, general funds  
enterprise funds  
enterprise funds  
enterprise funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:** Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:** Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective Date: 7/1/08

Ending Date: --

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

---

**Instructions:**

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**County:** Lowndes

**Service:** recycling

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Valdosta  
Lowndes County

**Funding Method:**

enterprise funds  
enterprise funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:** Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:** Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective Date: 7/1/08

Ending Date: --

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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

**County:** Lowndes

**Service:** solid waste disposal

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

**Local Government or Authority:**

Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

enterprise funds  
user fees, general funds  
enterprise funds  
enterprise funds  
enterprise funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:** Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:** Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective Date: 7/1/08

Ending Date: - -

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** libraries

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** street lighting

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

***Funding Method:***

general funds  
general funds  
general funds  
general funds  
general funds  
enterprise funds, special tax districts

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** property tax valuation

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Board of Assessors, Lowndes County Board of Equalization

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** zoning

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Dasher, Hahira, Lake Park, Remerton, Valdosta, Lowndes County

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

user fees, general funds  
user fees, general funds  
user fees, general funds  
general funds  
user fees, general funds  
user fees, unincorporated area  
revenues

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

No change. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund this service as provided by the County will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

Intergovernmental Agreement for Zoning Services

**Contracting Parties:**

Valdosta, Hahira, Dasher

**Effective and Ending Dates:**

Effective date: 11/1/06

Ending date: automatically renews on annual basis unless terminated by any party

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** tax collection – county taxes

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Tax Commissioner

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** tax collection – city taxes

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

***Funding Method:***

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

Article XI, Section I, Paragraph VI of Georgia Constitution as amended in 1974 for Valdosta and Lowndes County

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** criminal prosecution – state courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): District Attorney, Solicitor General

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** criminal prosecution – city courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:**

**Contracting Parties:**

**Effective and Ending Dates:**

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

---

**Instructions:**

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

**County:** Lowndes

**Service:** indigent defense – state and county courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Circuit Public Defender

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** indigent defense -- city courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Dasher, Hahira, Lake Park, Remerton, Valdosta

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

***Funding Method:***

general funds  
general funds  
general funds  
general funds  
general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** probation services – state and county courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Lowndes County

***Funding Method:***

user fees, general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** probation services – city courts

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta

***Funding Method:***

user fees  
user fees  
user fees  
user fees  
user fees

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** public health

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Lowndes County Board of Health

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.**):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service, (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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



3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** mental health

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Behavioral Health Services

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**County:** Lowndes

**Service:** family and children services

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Department of Family and Children Services

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY**  
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** extension services

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): University of Georgia

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc).

***Local Government or Authority:***

Lowndes County

***Funding Method:***

general funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

***Agreement Name:***

***Contracting Parties:***

***Effective and Ending Dates:***

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



**SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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**Instructions:**

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**County:** Lowndes

**Service:** geographic information system

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): South Georgia Regional Development Center

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): \_\_\_\_\_

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes  No

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.



**Local Government or Authority:**

Dasher  
Hahira  
Lake Park  
Remerton  
Valdosta  
Lowndes County

**Funding Method:**

general funds  
general funds  
general funds  
general funds  
general funds  
unincorporated area revenues

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

No change. Valdosta and Lowndes County will each pay one-half of the cost of the service for Valdosta and Lowndes County as budgeted by the South Georgia Regional Development Center. Dasher, Hahira, Lake Park and Remerton will pay for this service on a fee for use basis. Lowndes County shall create a special revenue fund to account for revenues from the unincorporated area, from which fund the County's share of the cost of this service will be funded.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service

**Agreement Name:** Service Delivery Strategy Arbitration Settlement, executed 12/3/07

**Contracting Parties:** Valdosta, Lowndes County

**Effective and Ending Dates:**

Effective Date: 7/1/08  
Ending Date: --

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

7. Person completing form: Joe Pritchard

Phone number: (229) 671-2400

Date completed: April 8, 2008

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

Yes  No

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



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

**PAGE 3**

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

**County:** Lowndes

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

None

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

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

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

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

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

The parties will follow the procedure in O.C.G.A. § 36-36-110, et seq.

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

The parties have entered into an agreement regarding the process for the provision of extraterritorial water and sewer services.

5. Person completing form: Joe Pritchard

Phone number: 229-671-2400

Date completed: April 8, 2008

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

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



**SERVICE DELIVERY STRATEGY  
CERTIFICATIONS**

**Instructions:**

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

**SERVICE DELIVERY STRATEGY FOR Lowndes COUNTY**

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	Kenneth E. Allen	Mayor	City of Dasher	
	Wayne Bullard	Mayor	City of Hahira	
	Keith Sandlin	Mayor	City of Lake Park	5/6/08
	Cornelius Holsendolph	Mayor	City of Remerton	5-12-08
	John Fretti	Mayor	City of Valdosta	5/9/08
	Rodney N. Casey	Chairman	Lowndes County	4/8/08



**SERVICE DELIVERY STRATEGY UPDATE  
CERTIFICATIONS**

Instructions:

This two page 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.

**UPDATED SERVICE DELIVERY STRATEGY FOR Lowndes COUNTY**

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

1. We have reviewed our existing Service Delivery Strategy and have determined that:  
(Check only one box for question #1)

- A. Our Strategy continues to accurately reflect our preferred arrangements for providing local services throughout our county and no changes in our Strategy are needed at this time; or
- B. Our Strategy has been revised to reflect our preferred arrangements for providing local services.

If Option A is selected, only this form, signed by the appropriate local government representatives must be provided to DCA.


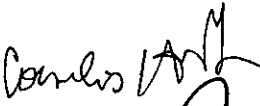


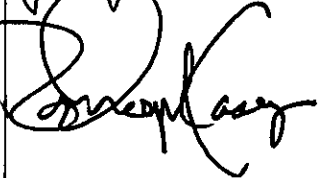
If Option B is selected, this form, signed by the appropriate local government representatives, must be submitted to DCA along with:

- an updated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated;
- any supporting local agreements pertaining to each of these services that has been revised/updated; and
- an updated service area map depicting the agreed upon service area for each provider if there is more than one service provider for each service that has been revised/updated within the county, and if the agreed upon service areas do not coincide with local political boundaries.

2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
4. Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
5. Our service delivery strategy continues to ensure 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));

6. Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
8. Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))' and;
9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

*If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:*

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
	Kenneth E. Allen	Mayor	City of Dasher	
	Wayne Bullard	Mayor	City of Hahira	
	Keith Sandlin	Mayor	City of Lake Park	5/6/08
	Cornelius Holsendolph	Mayor	City of Remerton	5-12-08
	John Fretti	Mayor	City of Valdosta	5/9/08
	Rodney N. Casey	Chairman	Lowndes County	4/8/08