# GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY

### FOR MITCHELL COUNTY

### I. GENERAL INSTRUCTIONS

PAGE 1

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.

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

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

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

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

#### **II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:**

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

**Mitchell County** 

City of Baconton City of Camilla City of Pelham City of Sale City City of Meigs

#### 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.

Recreation Building Inspection and Code Enforcement Electric Utility Water Utility Natural Gas Services Sanitary Sewer Collection Treatment and Disposal Fire Protection and First Responder Police Protection Emergency Medical Services Animal Control 911 Emergency Dispatch Service Drug Task Force Jail Sheriff Department Roads and Bridges Economic Development Solid Waste Collection and Disposal Cemetery Airport Regional Library Board Tax Digest Preparation Tax Collection Recycling Yard Waste Collection and Disposal Street Lighting Public Housing Regional Planning Voter Registration & Elections Storm Water Management Court Services Social Services - Health Department, Mental Health, Department of Family & Children Services

PAGE 2

#### Instructions:

unty: Mitchell Coun	ity	Service Recreation	
Check the box that be	est describes the a	greed upon delivery arrangement for this ser	vice:
		e (i.e., including all cities and unincorpora athority or organization providing the service.	ted areas) by a single service provider. (If this bo
		unincorporated portion of the county by a sin on providing the service.)	gle service provider. (If this box is checked, identify
		his service only within their incorporated checked, identify the government(s), authority	boundaries, and the service will not be provided y or organization providing the service.)
		his service only within their incorporated be checked, identify the government(s), authority	boundaries, and the county will provide the service y or organization providing the service.)
Camilla, Pelham,	Sale City and Ba	conton	
		a legible map delineating the service area will provide service within each service area.	of each service provider, and identify the governm )
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yes X no			
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#### Service: Recreation

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Historically, the County has assisted funding recreation in all of the cities in **Mitchell County**, and in turn, County residents have participated in the programs available through the City. Funding is determined by set amounts previously agreed to and determined equitable.

The funding amounts are \$20.00 per participant in Camilla and Pelham. The cities of Baconton and Sale City receive \$3,000 each for their program annually from the County.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20 day of October, 1999.

MITCHELL COUNTY Attest:

CITY OF BA

CITY	OF SALE C	CITY
By:	Charles	Bunch
Ti	itle: M	burn .
		Mr. Rhullips

CITY OF CAMILLA Title Attest:

CITY OF PELHAM By: C Title: Attest: Title Attest:

	PAGE 2
page 1. Answer each qu	rm and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on estion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the ld be reported to the Department of Community Affairs.
County: Mitchell Coun	ty Service Building Inspection and Code Enforcement
1. Check the box that be	est describes the agreed upon delivery arrangement for this service:
	led countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, ment, authority or organization providing the service.)
	ided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the ity or organization providing the service.)
	s will provide this service only within their incorporated boundaries, and the service will not be provided in as. (If this box is checked, identify the government(s), authority or organization providing the service.)
	is will provide this service only within their incorporated boundaries, and the county will provide the service in as. (If this box is checked, identify the government(s), authority or organization providing the service.)
Mitchell County, C	amilla, Pelham, Baconton, Sale City and Meigs
	s checked, attach a legible map delineating the service area of each service provider, and identify the government, organization that will provide service within each service area.)
2. In developing the stra	ategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
□yes X no	
levels of service (See O cannot be eliminated).	continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher I.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition
	be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to onsible party and the agreed upon deadline for completing it.
	t or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, ds, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc.
Local Government or A	uthority Funding Method:
Mitchell County	General Funds/Fees
Camilla	General Funds/Fees
Pelham	General Funds/Fees
Sale City	General Funds/Fees
Baconton	General Funds/Fees
Meigs	General Funds/Fees
	/ change the previous arrangements for providing and/or funding this service within the county?
No change in strategy	
	ice Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :         Effective and Ending Dates:           Agreement         Mitchell County/All Cities         10/99 - Unknown
Service Delivery A	Agreement Mitchell County/All Cities 10/99 - Unknown
	ims (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the or fee changes, etc.) and when will they take effect?
same as number 5	
7. Person completing for	m: Dan Bollinger
Phone Number:	(912) 522-3552 Date completed: 9/99
	o should be contacted by state agencies when evaluating whether proposed local government projects are consistent strategy? X yes 🔲 no
If not, provide designate	ed contact person(s) and phone number(s) below:

Service: Building Inspection and Code Enforcement

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham and City of</u> Sale City

Currently each city and **Mitchell County** maintain their own building inspection and permitting service, paid for through **General Fund** and user fees. Duplication and tax equity issues were considered and no change in service is expected.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this *mathematical agree* day of *letotec*, 1999.

MITCHELL COUNT CITY OF CAMILI By: Title: Attest: Attest: CITY OF PELHAN CITY OF B By: P By Title Title: Attest: CITY OF SALE CIT By: By Title: Sharr Attest: Attest: .

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: Mitchell County Service: Electric Utility 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.) X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Camilla D 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? X no yes 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 tax, franchise tax, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method: Camilla General Fund, User Fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? none 5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service: Contracting Parties : Effective and Ending Dates: Agreement Name: Service Delivery Mitchell County/All Cities 10/99 - Unknown Agreement 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? same as number 5 7. Person completing form: Dan Bollinger (912) 522-3552 9/99 Date completed: Phone Number: 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 X no

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

Mike Scott Camilla City Manager (912) 336-2222

Service: Electric Utility

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham and City of</u> Sale City

Electric Service is provided by Camilla within their territorial limits as provided in the Territorial Act. Rates are determined by the cost of service to these customers, and have been determined to be equitable.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this <u>and</u> day of <u>Antobus</u>, 1999.

MITCHELL COUNTY CITY OF CAMILLA By: Bentemin 7 C huirman Title: Title: Marc Attest: Attest: CITY OF BACONTO CITY OF PELHAM By: C Title: m Title Attest: CITY OF SALE CIT ( Bv: Title: Attest:

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: Mitchell County

#### Service: Water Utility

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.)
- X 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.)

#### Camilla, Pelham, Sale City, Baconton, and Meigs, Mitchell County

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

□ yes X no

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

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

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

Local Government or Authority

Mitchell County	General Fund, User Fees	
Camilla	General Fund, User Fees	
Pelham	General Fund, User Fees	
Sale City	General Fund, User Fees	
Baconton	General Fund, User Fees	
Meigs	General Fund, User Fees	

Funding Method:

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? none

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:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

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

Service: Water Utility

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Water Service is provided by all cities within their city limits and to some residential and commercial customers with property outside existing city limits. Rates are determined by the cost of service to these customers and have been determined to be equitable. **Mitchell County** provides water service to the Autry Correctional Institute only.

It is further agreed a determination of consistency with land use plans and ordinances must be provided by any local government prior to any extension of service outside of its jurisdiction. It is further agreed that water service has been established in inhabited areas no more than three (3) miles from legally established city boundaries and this practice will continue. Prior to the extension of service beyond the aforementioned limit, the strategy will be reviewed and amended.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 10<sup>th</sup> day of 0, 10<sup>th</sup> day of 0, 1999.

Title:

Attest:

opin

MITCHELL COUNTY By: Ben Chair man Attest: Multa

CITY OF SALE CIT 0 C Bv: Title: aun Attest:

CITY OF CAMILLA
By:
Title: Mayor Attest: Long n. Doben
CITY OF PELHAM
By: Chester Shelmut
Attest:
CITY OF MEIGE
By: Mayne hemins



Southwest Georgia Regional Development Center October, 1999

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Southwest Georgia Regional Development Center October, 1999

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: Mitchell County

Instructions:

#### Service: Natural Gas Service

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
- □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- 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.)
- X 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.)

#### Camilla, Pelham and Meigs

- 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 delincating 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?

#### X no □ yes

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 tax, franchise tax, impact fees, bonded indebtedness, etc.

ocal Government or Authority		Funding Method:	
Camilla	User Fees		
Pelham	User Fees		
Meigs	User Fees		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? none

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:	
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Date completed: (912) 522-3552 Phone Number:

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no

9/99

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

PAGE 2

Service: Natural Gas Service

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham and City of</u> Sale City, City of Meigs

Natural Gas Service is provided by Pelham, Camilla and Meigs, within their city limits and to some residential and commercial customers with property outside. Rates are determined by the cost of service to these customers, and have been determined to be equitable.

It is hereby agreed that each provider may provide sanitary sewer service to any area in **Mitchell County** outside the currently established city limits, but not within any other city which provides this service.

It is further agreed a determination of consistency with land use plans and ordinances must be provided by any local government prior to any extension of service outside of its jurisdiction. It is further agreed that natural gas service has been established in inhabited areas no more than four (4) miles from legally established city boundaries and this practice will continue. Prior to the extension of service beyond the aforementioned limit, the strategy will be reviewed and amended.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20<sup>40</sup> day of <u>detoce</u>, 1999.

MITCHELL COUNTY Chair man Chair man Title: Attest:

CITY OF BACONTON
By: Thalen Scheend
Title: Mayor
Attest: Thirty Stuckel
0 0

By: Charles Burch	
Title: Mayor	
Attest: Sharon R. Rhulips	)

CITY O	F CAMILLA
By:	FXX-
Title	mayor
Attest: _	Laryn. Doken

CITY OF PELHAM By: Title: Attest: Title: Attest:



Instructions: Make copies of this form an each question below, attachin reported to the Department of	ng additional pages as				
County: Mitchell County	Υ	Service:Sanitary S	Sewer Collection, Treatn	nent and Disposal	
1. Check the box that bes	t describes the agree	d upon delivery arranger	ment for this service:		
Service will be provide the checked, identify the		e., including all cities a ity or organization provi		) by a single service p	rovider. (If this box is
Service will be provid government, authorit			county by a single servic	e provider. (If this box	is checked, identify the
			ir incorporated boundari nent(s), authority or organ		
			r incorporated boundaries nent(s), autbority or organ		
		egible map delineating I provide service within o	the service area of each each service area.)	service provider, and i	dentify the government,
Mitchell County, O	Camilla, Pelham, B	aconton, Sale City and	Meigs		
2. In developing the strat	egy, were overlappin	ng service areas, unneces	sary competition and/or d	uplication of this servic	e identified?
🗆 yes X no					
If these conditions will c levels of service (See O.C cannot be eliminated).					
If these conditions will be eliminate them, the respon				listing each step or act	ion that will be taken to
3. List each government user fees, General Funds					
Local Government or Aut		Funding Metho	od:		
Mitchell County Camilla	User Fees				
Pelham	User Fees				
Sale City	User Fees				
Baconton	User Fees				
Meigs	Meigs User Fees				
4. How will the strategy on none	change the previous	arrangements for providi	ng and/or funding this ser	rvice within the county?	
5. List any formal Servic	e Delivery Agreem	ents or intergovernmenta	al contracts that will be use	ed to implement the stra	ategy for this service:
Agreement Name:		Contracting Parties :		Effective and Ending Da	ites:
Service Delivery Agreement	Mitchell C	County/All Cities	10/99 - Unknown		
6. What other mechanism General Assembly, rate or				ordinances, resolutions	, local acts of the
same as number 5					
7. Person completing for	m: Dan Bollinger				
Phone Number:(	912) 522-3552	Date completed	9/99	- C	
8. Is this the person who with the service delivery s			evaluating whether propos	ed local government pr	ojects are consistent
If not, provide designated	contact person(s) an	nd phone number(s) belo	w:		

PAGE 2

### Service: Sanitary Sewer Collection Treatment and Disposal

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Sanitary Sewer Service is provided city wide by all cities and to some residential and commercial customers with property contiguous to the city limits. Rates are determined by the cost of service to these customers, and have been determined to be equitable.

It is hereby agreed that each provider may provide sanitary sewer service to any area in **Mitchell County** outside the currently established city limits, but not within any other city which provides this service.

It is further agreed a determination of consistency with land use plans and ordinances must be provided by any local government prior to any extension of service outside of its jurisdiction. It is further agreed that water service has been established in inhabited areas no more than three (3) miles from legally established city boundaries and this practice will continue. Prior to the extension of service beyond the aforementioned limit, the strategy will be reviewed and amended.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of October, 1999.

MITCHELL COUNT By: Bentenin Haymid Title: Chair Man Melia H. Attest:

CITY OF BACONTON
By: Thalen Edwards
Title: AQUOC
Attest: Justy Stubel
0.0
CITY OF SALE CITY
By: Charles Burch
Title: Mayon
Attest Shara M. Philling

By:	CITY C	F CAMILL	A	
12' 2 1	3y: _<	FX(	3-7	
14'	Title	: Mayor	0	
Attack III IIIII	Attest:	Kan 11	0 (	

CITY OF PEL By: C

Title Attest:









Southwest Georgia Regional Development Center October, 1999

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: Mitchell County Service Fire Protection and First Responder

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.)
- X 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.)

City provides service in Camilla and Pelham. Mitchell County provides for balance of county.

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

X 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 tax, franchise tax, impact fees, bonded indebtedness, etc.

ocal Government or Authority	Funding Method:
City of Camilla	General Fund/User Fees
Mitchell County	Insurance Premium Tax Refund
City of Pelham	General Fund
City of Baconton	General Fund
Sale City	General Fund
City of Meigs	General Fund

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:	
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

#### same as number 5

7. Person completing form: \_\_\_\_\_ Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

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

PAGE 2

#### Service: Fire Protection and First Responder

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Fire Protection and First Responder Services are provided by Pelham and Camilla within their city limits and throughout the balance of the county through county funded volunteer fire departments. Tax equity and duplication issues were discussed and it was determined no issues exist. No tax equity issues exist due to the fact insurance premium tax refund dollars are used to provide this service in the unincorporated areas of the County and the small municipalities of Baconton and Sale City. With the assistance of the County, these two cities could only provide a lower level of service and cities of Baconton and Sale in turn contribute to raising the level of service in the County. This service is very beneficial to those governments involved.

Autry Correctional Institute provides backup throughout the County.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this the day of October, 1999.

MITCHELL COUNT hair mun Mulla H Attest: CITY OF BA Bv: Title: Attest: CITY OF SALE CITY CX By: Title: in y Attest: 🔀

CITY OF CAMILLA
By: JJ3-J
Title Mayor
Attest: Kany n. Daba
CITY OF PELHAM
By: Chester Shelnott
Title: mayor Al
Attest:
CITY OF MEIGS
B aune he muts
Title: Mayer
Attest: Rebrah Smith

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: Mitchell County

#### Service: Police Protection

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

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

#### Camilla, Pelham, Sale City, Baconton and Meigs

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

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

□ yes X no

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

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

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

ocal Government or A	uthority Funding Method:	
Camilla	General Fund	
Pelham	General Fund	
Sale City	General Fund	
Baconton	General Fund	
Meigs	General Fund	
Mitchell County	General Fund/Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? **none** 

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:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown

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?

same as number 5

7. Person completing form: Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

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

Service: Police Protection

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Camilla, Pelham, Meigs and Sale City operate their own Police Departments. By contractual agreement, the **Mitchell County** Sheriff's Department provides this service for a fee to the City of Baconton. Service is provided in the unincorporated areas by the Sheriff's Department.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this *provention* day of *October*, 1999.

MITCHELL COUNTY Title: Chair man By:\_ Attest:

CITY	OF B	ACON	TONA	0	
By:	The	len	Tole	uand	
Ti	tle:	Nave	or		
Attes		hus	exA	Tube	0
	~		0	0	

CITY OF SALE CITY
By: Charles Burch
Title: Mayon
Attest: Sharon N. Phillips

CITY OF CAMILLA
By: Fr
1000
Title: Mayor
Attest: Langn. Derber

CITY OF PELHAM By: C Title: Attest: By: Title: Attest:

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: Mitchell County

#### Service: Emergency Medical Services

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

#### **Mitchell 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 X no

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

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

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

Local Government or Authority	Funding Method:	
Mitchell County Board of Commissioners	General 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:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  $\Box$  yes X no If not, provide designated contact person(s) and phone number(s) below:

Bennett Adams Mitchell County Administrator (912) 336-2000

#### Service: Emergency Medical Service

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Mitchell County through its General Fund and User Fees, provides for Emergency Medical Service in all cities and the unincorporated area of the county. There is no change expected in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of Outplet, 1999.

MITCHELL COUN By: Ben Chairma Title: Sular M. Attest:

CITY OF BAC

CITY OF SALE CITY
By: Charles Burch
Title: Mayer
Attest: Sharon n. Rhillips

C	ITY OF CAMILLA
В	x:
	Title: Mayor
A	ittest: Kany n. Raken
	,
C	ITY OF PELHAM
В	y: Cherter Shelnott
	Title: Mayor O
A	ittest:
	- Charge
C	TITY OF MEIGS
В	y: Maine hamin
	Title: Marner
А	ittest: Debrahysmith

PAGE 2

### Instructions:

eacl		ing additional pages as nece		e 1, Section III. Use exactly the same service names listed on page 1. Answer erson for this service (listed at the bottom of the page) changes, this should be
Co	unty: Mitchell Coun	ty	Service Anin	nal Control
L.	Check the box that be	est describes the agreed up	oon delivery arrange	ment for this service:
x		ovided countywide (i.e., e government, authority o		and unincorporated areas) by a single service provider. (If this box is iding the service.)
	Mitchell County			
		ided only in the unincorp ity or organization provid		e county by a single service provider. (If this box is checked, identify the
				eir incorporated boundaries, and the service will not be provided in ment(s), authority or organization providing the service.)
				ir incorporated boundaries, and the county will provide the service in ment(s), authority or organization providing the service.)
0	Other. (If this box i authority, or other of	s checked, attach a legib organization that will prov	le map delineating ride service within e	the service area of each service provider, and identify the government, ach service area.)
2.	In developing the stra	ttegy, were overlapping so	ervice areas, unneces	ssary competition and/or duplication of this service identified?
	yes X no			
can If the lin 3. use	not be eliminated). hese conditions will ninate them, the resp List each governmen r fees, General Funds	be eliminated under the stonsible party and the agree t or authority that will he special service district re	trategy, <b>attach an i</b> n ed upon deadline for Ip to pay for this se	the duplication, or reasons that overlapping service areas or competition <b>mplementation schedule</b> listing each step or action that will be taken to r completing it. ervice and indicate how the service will be funded (e.g., enterprise funds, l tax, franchise tax, impact fees, bonded indebtedness, etc.
_	cal Government or Au		Funding Meth	od:
_	Mitchell County Baconton	General Fund General Fund		
	Camilla	General Fund		
	Pelham	General Fund		
	Sale City	General Fund		
	Meigs	General Fund		
no	change in strategy			ling and/or funding this service within the county? al contracts that will be used to implement the strategy for this service:
_	Agreement Name:	in the second	tracting Parties :	Effective and Ending Dates:
	Service Delivery Agreement	Mitchell Cou	nty/All Cities	10/99 - Unknown
Gei		ms (if any) will be used to or fee changes, etc.) and w		tegy for this service, (e.g., ordinances, resolutions, local acts of the effect?
7.	Person completing fo	m: Dan Bollinger		
Pho	one Number:	(912) 522-3552	Date complete	ed: <u>9/99</u>
wit	h the service delivery	should be contacted by s strategy? X yes	)	evaluating whether proposed local government projects are consistent

#### Service: Animal Control

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Animal Control is provided county wide through specific intergovernmental agreements with each of the cities. Funding is provided through General Funds of each of the local governments. In Camilla and Pelham, specific funding to be paid to the County on a monthly basis is negotiated annually. In the case of Baconton, Sale City and Meigs, the service is "on call" and billed at cost of time and expenses to the County.

There is no expected change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this \_\_\_\_\_\_day of \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_, 1999.

CITY OF CAMILLA MITCHELL COUNT By: Title: Chairmon Title: ma Attest: Attest: **CITY OF PELHAM** CITY OF BACONTON 8 l. O. By: Title: Attest: CITY OF SALE CIT By: Title: Title: Attest: Attest.

PAGE 2

Instructions:

ounty: Mitchell C	ounty	Service:	911 Emergency I	Dispatch Service
Check the box the	at best describes the	agreed upon delivery ar	rangement for this s	ervice:
		ide (i.e., including all outhority or organization		prated areas) by a single service provider. (If this se.)
Mitchell Coun	ity			
		unincorporated portion on providing the service		ingle service provider. (If this box is checked, ident
				d boundaries, and the service will not be provi ity or organization providing the service.)
				boundaries, and the county will provide the ser- ity or organization providing the service.)
		a legible map delines will provide service wit		ea of each service provider, and identify the gover a.)
In developing the	strategy, were overl	apping service areas, ur	nnecessary competit	on and/or duplication of this service identified?
yes X	no			
evels of service (Se annot be eliminated these conditions v	e O.C.G.A. 36-70-2 ). vill be eliminated un	4(1)), overriding benefinder the strategy, attach	its of the duplication	ontinuing the arrangement (i.e., overlapping but n, or reasons that overlapping service areas or comp n schedule listing each step or action that will be t
evels of service (Se annot be eliminated these conditions v iminate them, the r List each govern	e O.C.G.A. 36-70-2 )). vill be eliminated un responsible party and ment or authority th	4(1)), overriding benefinder the strategy, attach d the agreed upon deadli at will help to pay for t	its of the duplication an implementation ine for completing it his service and indi	n, or reasons that overlapping service areas or comp n schedule listing each step or action that will be t
wels of service (Se annot be eliminated these conditions w iminate them, the r List each govern ser fees, General Fo ocal Government o	e O.C.G.A. 36-70-2 )). will be eliminated un responsible party and ment or authority th unds, special service or Authority	4(1)), overriding benefinder the strategy, attached the agreed upon deadli at will help to pay for t district revenues, hotel/ Funding	its of the duplication an implementation ine for completing it his service and indi	n, or reasons that overlapping service areas or comp n schedule listing each step or action that will be t cate how the service will be funded (e.g., enterprise
wels of service (Se annot be eliminated these conditions v iminate them, the r List each govern ser fees, General Fo ocal Government o Mitchell County	e O.C.G.A. 36-70-2 ). will be eliminated un responsible party and ment or authority th ands, special service or Authority Telephone Service	4(1)), overriding benefinder the strategy, attached the agreed upon deadli at will help to pay for t district revenues, hotel/	its of the duplication an implementation ine for completing it his service and indi motel tax, franchise	n, or reasons that overlapping service areas or comp n schedule listing each step or action that will be t cate how the service will be funded (e.g., enterprise
wels of service (Se annot be eliminated these conditions w iminate them, the r List each govern ser fees, General Fo ocal Government o	e O.C.G.A. 36-70-2 )). will be eliminated un responsible party and ment or authority th unds, special service or Authority	4(1)), overriding benefinder the strategy, attached the agreed upon deadli at will help to pay for t district revenues, hotel/ Funding	its of the duplication an implementation ine for completing it his service and indi motel tax, franchise	n, or reasons that overlapping service areas or comp n schedule listing each step or action that will be t cate how the service will be funded (e.g., enterprise
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### Service: 911 Emergency Dispatch Service

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Currently the \$1.50 per phone surcharge does not generate sufficient revenues for the service. It is agreed the County will pay all excess, except that some municipalities may contribute to defer the cost.

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this to the day of Autober , 1999.

CITY OF CAMILI MITCHELL COUNT By: B Attest: Attest: CITY OF BA CITY OF PELHAM CONTO By: C Vavo Title Title: Attest: CITY OF SALE CIT By: By: Title: Title Attest: 5 Attest:

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: Mitchell County Service Drug Task Force 1. Check the box that best describes the agreed upon delivery arrangement for this service: X 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.) Mitchell 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? O yes X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, General Funds, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method: Mitchell County General Fund & Seized Assets General Fund and Seized Assets City of Camilla City of Pelham General Fund and Seized Assets 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: Contracting Parties : Effective and Ending Dates: Agreement Name: 10/99 - Unknown Mitchell County/All Cities Service Delivery Agreement 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? same as number 5 7. Person completing form: Dan Bollinger 9/99 (912) 522-3552 Date completed: Phone Number: 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no If not, provide designated contact person(s) and phone number(s) below:

#### Service: Drug Task Force

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Mitchell County and the Cities of Pelham and Camilla were part of a joint Drug Task Force that also included Baker County, Calhoun County and the Cities of Leary, Arlington and Edison, under an agreement that concluded in August of 1999. Mitchell and Baker Counties and the Cities of Pelham and Camilla are continuing a Joint Drug Task Force beginning in August of 1999 for a period of one year. All agreements under this program continue for one year and are funded through Seized Assets, Grants and General Funds.

The agreement spells out the funding arrangements. There are currently no expected changes to the strategy of funding.

Current Drug Task Force is jointly funded by the cities of Camilla, Pelham and the Counties of Mitchell and Baker.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 1999.

Attest: N

MITCHELL COUNT By: Bentenin Haywid Title: Chairman Attest: Aulla H.

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By:_	Tha	lin	3d	wa	de	
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	CAMILLA
Ву:	773-1
Title:	Mayor
Attest:	Tan, n. Daken

CITY OF PELHAM By: C Title: Moy Attest:

PAGE 2

#### Instructions:

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County: Mitchell Count	yS	Service Jail		
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Mitchell County	General Fund			
Pelham Camilla	General Fund General Fund			
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4. How will the strategy	change the previous arrangemer	nts for providing a	nd/or funding this se	ervice within the county?
No change				
5. List any formal Service	e Delivery Agreements or inters	governmental con	tracts that will be use	ed to implement the strategy for this service:
Agreement Name:	Contracting			Effective and Ending Dates:
Service Delivery Agreement	Mitchell County/Al	Il Cities 1	0/99 - Unknown	
	ns (if any) will be used to imple or fee changes, etc.) and when w			, ordinances, resolutions, local acts of the
same as number 5				
7. Person completing for	m: Dan Bollinger			
Phone Number: (	912) 522-3552	Date complet	ed:	9/99
with the service delivery	should be contacted by state ag strategy? X yes		uating whether propo	sed local government projects are consistent

#### Service: County Jail

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Mitchell County currently operates a jail for county prisoners. Under agreement with the City of Camilla only, Camilla prisoners are also housed in the jail for a negotiated fee previously determined. In Pelham, prisoners are housed in the City of Pelham jail. Pelham also houses prisoners for other law enforcement agencies for a fee. No other jail services are currently operated by the cities in Mitchell County.

Tax Equity and Duplication issues were considered during discussion and it was determined no changes were needed.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this *20<sup>th</sup>* day of *October*, 1999.

CITY OF CAMILLA MITCHELL COUNTY By: Ben Title: Chuir Mayor Attest: Attest: CITY OF PELHAM CITY OF BA By: C ant Title: Attest: CITY OF SALE CITY By: Title: Title: Attest: 🕅 Attest:

PAGE 2

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	ional pages as necessary. If the contact per	1, Section III. Use exactly the same service names listed on page 1. Ans rson for this service (listed at the bottom of the page) changes, this should	
County: Mitchell County	Service: Sher	riff Department	
1. Check the box that best descri	ibes the agreed upon delivery arrangen	nent for this service:	
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Mitchell County			
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2. In developing the strategy, we	ere overlapping service areas, unneces	sary competition and/or duplication of this service identified?	
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If these conditions will continu levels of service (See O.C.G.A. cannot be eliminated).	e under the strategy, <b>attach an expla</b> 36-70-24(1)), overriding benefits of t	anation for continuing the arrangement (i.e., overlapping but h the duplication, or reasons that overlapping service areas or compe	igher tition
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Local Government or Authority Mitchell County Gene	Funding Metho eral Fund/User Fees/Grants	od:	
Minteller County Gene			
4. How will the strategy change	the previous arrangements for providi	ing and/or funding this service within the county?	
no change			
5. List any formal Service Deliv	very Agreements or intergovernmental	contracts that will be used to implement the strategy for this service	£7
Agreement Name:	Contracting Parties :	Effective and Ending Dates:	
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	
	ny) will be used to implement the strat hanges, etc.) and when will they take e	tegy for this service, (e.g., ordinances, resolutions, local acts of the effect?	
same as number 5			
7. Person completing form:	Dan Bollinger		
Phone Number: (912) 52	22-3552 Date con	npleted: 9/99	
8. Is this the person who should with the service delivery strateg		evaluating whether proposed local government projects are consistent	nt
If not, provide designated conta	ct person(s) and phone number(s) belo	ow:	
Bennett Adams, County Admi (912) 336-2000	inistrator		

#### Service: Sheriff Department

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Services of the Sheriff's Department are provided county wide except for policing activities which are funded from General Funds and provided in the cities of Camilla, Pelham and Sale City. Baconton receives policing services under an agreement with Mitchell County and Sheriff's Department. The cities of Mitchell County receive standard services of the Sheriff's Department including service of warrants, summons, etc., and backup for the police and public safety departments. It was agreed no tax equity issues exist and services are provided on an equitable basis, for value received.

Tax Equity and duplication of service issues were considered and discussed and no change in the service was needed.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this day of Ottoon, 1999.

MITCHELL COUNT By: Benter Chair ma Title: Millia 7 Attest:

Title: Attest: Q

CIT	Y OF CAMILLA
By:	Title: Mayor
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	Y OF PELHAM
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By:	Y OF MEIGS Mayne homits Title: Mayne
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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: Mitchell County	Service: Roads and Bridges	
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.)		
X 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.)		
Mitchell County, Camilla, Baconton, Pelham, Sale City and Meigs		
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)		
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
yes X no		
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, General Funds, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc.		
Local Government or Authority	Funding Method:	in rees, oniced intestedness, etc.
Mitchell County	General Fund/SPLOST/DOT	
Pelham	General Fund/SPLOST/DOT	
Camilla	General Fund/SPLOST/DOT	
Sale City Baconton	General Fund/SPLOST/DOT General Fund/SPLOST/DOT	
Meigs	General Fund/SPLOST/DOT	
General Fundior E001/D01		
<ul> <li>4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> <li>No Change</li> <li>5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> </ul>		
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	Contracting Parties : Aitchell County/All Cities 10/99	Effective and Ending Dates: - Unknown
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same as number 5		
7. Person completing form: Dan Bollinger		
Phone Number: (912) 522-3552	Date completed:	9/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes $\Box$ no If not, provide designated contact person(s) and phone number(s) below:		

### Service: Roads and Bridges

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City, and City of Meigs

Roads and Bridges are maintained by the County in the unincorporated areas and by individual cities within their city limits. There are no substantial tax equity or duplication issues and there will be no change in this service. In addition the County participates on a request basis, in providing assistance within the incorporated limits of all cities within the County. Each of the cities agreed the services provided by the County were equitable and believe continuing this arrangement is in the best interest of all the local governments.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this *20*<sup>th</sup> day of *Octobe 1999*, 1999.

CITY OF CAMILL MITCHELL COUNT By: Bente Attest: ton n. Attest: By: C Bv: Title Title: Attest Attest: Y OF SALE CIT By: Title: Am Attest: Attest:
PAGE 2

Instructions:

ounty. Mitchell Count		C	us lon m out
ounty: <u>Mitchell Count</u>	y	Service: Economic De	velopment
Check the box that be	st describes th	e agreed upon delivery arrangement for	this service:
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### Service: Economic Development

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Economic Development services will be provided through the Mitchell County Economic Development Commission with funding currently being provided by three of the five cities and the County Commission. Funding will be negotiated among the local governments in future.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of October \_\_\_\_\_\_, 1999.

MITCHELL COUNT CITY OF CAMILLA By: Be hairma Attest: Attest: CITY OF PELHAM By: C 0 Title Attest Attest: CITY OF SALE CITY and By: Title: Title: Attest: have Attest:

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: Mitchell County Service: Solid Waste Collection and 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.) X 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.) Mitchell County, Baconton, Camilla, Meigs, Pelham, Sale City Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ yes X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, General Funds, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc. Funding Method: Local Government or Authority General Fund, User Fees Mitchell County Camilla General Fund, User Fees Pelham General Fund, User Fees General Fund, User Fees Sale City General Fund, User Fees Baconton General Fund, User Fees Meigs 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: Contracting Parties : Effective and Ending Dates: Agreement Name: 10/99 - Unknown Service Delivery Mitchell County/All Cities Agreement 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? same as number 5 7. Person completing form: Dan Bollinger (912) 522-3552 Date completed: 9/99 Phone Number: 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no

### Service: Solid Waste Collection & Disposal

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Mitchell County provides service to the unincorporated areas through collection points, picked up and disposed of through a contract with a private service. The cities of Camilla, Pelham, Baconton, and Sale City contract with private contractors for door to door residential, as well as container service for commercial, retail and industrial locations. Recycling efforts are conducted in Camilla, Pelham, and the County by the local governments.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20 day of 0. tobu, 1999.

MITCHELL COUNT By: B Title: Attest:



CITY OF SALE CITY
By: Charles Burch
Title: Mayon
Attest: Shawn n. Rhellis

CITY OF CAMILLA By: Title Attest:

CITY OF PELHAM By: C Title: Attest Title: Attest:

Instructions:

Service:       Service:       Service:         Check the box that best describes the agreed upon delivery arrangement for this service:       Service will be provided countywide (i.e., including all cities and unincorporated areas) by a 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 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)         Camila, Nitchell County       Other organization is checked, identify the government(s), authority or organization provider, and identify the government(s).         No flags the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?         yes       X no         Indeveloping the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service areas or competition and or duplication of this service identified?         yes       X no         Indeveloping the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but high corps) for this service and indicate how the service will be funded (e.g., enterprise funder fores conditions will be eliminated.)         . List each government or authority that will hop top pay for this service		of Community Affairs.			
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Phone Number: (912) 522-3552 Date completed: 9/99	evels of service (See O annot be eliminated). These conditions will liminate them, the response List each government ser fees, General Fundse ocal Government or An Mitchell County Camilla . How will the strategy one . List any formal Servic Agreement Name: Service Delivery Agreement . What other mechaniss General Assembly, rate	C.G.A. 36-70-24(1)), or be eliminated under the onsible party and the agr at or authority that will h s, special service district uthority General Fund General Fund change the previous arr the Delivery Agreements Communication Mitchell Communication	verriding benefits of the strategy, attach an impl reed upon deadline for co help to pay for this servic revenues, hotel/motel tax Funding Method: rangements for providing s or intergovernmental co ontracting Parties : unty/All Cities to implement the strategy	duplication, or reasons that overlapping serve         ementation schedule listing each step or action         npleting it.         e and indicate how the service will be funded         , franchise tax, impact fees, bonded indebted         and/or funding this service within the county         httracts that will be used to implement the strate         Effective and Ending D         10/99 - Unknown         for this service, (e.g., ordinances, resolution	vice areas or competition ation that will be taken the ed (e.g., enterprise fund liness, etc. ategy for this service: Dates:
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If not, provide designated contact person(s) and phone number(s) below:

PAGE 2

Service: <u>Recycling</u>

### Parties: \_\_\_\_\_Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of Sale City and City of Meigs

Currently the City of Camilla operates a recycling service utilizing bins picked up curbside. The Mitchell Baker Service Center (ARC) also provides recycling services in Pelham and Camilla, as well as Mitchell County. Mitchell County operates a recycling point for tires and white goods.

There is no change expected in these services.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of September, 1999.

By:

CITY OF CAMIL

MITCHELL COUNT By: Bente Title: Chu Attest: CITY OF BACONTON By: Title: CITY OF SAI

Attest: CITY By

Title Attest: By Title Attest:

By:

Title:

Attest: 🗸

PAGE 2

Instructions:

-	ntyS	Service Cemetery
. Check the box that	pest describes the agreed upon del	livery arrangement for this service:
	ided countywide (i.e., including al nment, authority or organization p	Il cities and unincorporated areas) by a single service provider. (If this box is checked providing the service.)
	ovided only in the unincorporated ority or organization providing the	portion of the county by a single service provider. (If this box is checked, identify the service.)
		nly within their incorporated boundaries, and the service will not be provided in fy the government(s), authority or organization providing the service.)
Camilla and Pel	ham	
		within their incorporated boundaries, and the county will provide the service fy the government(s), authority or organization providing the service.)
	is checked, attach a legible map organization that will provide ser	p delineating the service area of each service provider, and identify the governmer rvice within each service area.)
2. In developing the st	rategy, were overlapping service a	areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no		
levels of service (See cannot be eliminated). If these conditions wil	O.C.G.A. 36-70-24(1)), overriding	ttach an explanation for continuing the arrangement (i.e., overlapping but high- ag benefits of the duplication, or reasons that overlapping service areas or competition y, attach an implementation schedule listing each step or action that will be taken on deadline for completing it.
enninitie energy ine res	ent or authority that will help to p	pay for this service and indicate how the service will be funded (e.g., enterprise fund
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Phone Number: (912) 522-3552

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

Date completed: 9/99

### Service: Cemetery

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

No change is this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of October, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benferin Haywerd	By: STOP
Title: Chai Man	Title: Mayor
Attest: Aulta H- Cummon	Attest: Long n. Rober
CITY OF BACONTON	CITY OF PELHAM
By: Thelen dward	By: Cherto Shelnot
Title: Mayor	Title: mayor
Attest husty Shieter	Attest: Joy and
$\sim$ 0 0	017
CITY OF SALE CITY	CITY OF/MEIG8
By: Charles Burch	By Mayne hamits
Title: Mayo	Title: Mary
Attest: Sharon R. Rhillips	Attest: Deblah Smith

PAGE 2

### Instructions:

each question below, attaching addi	itional pages as necessary. If the contact pe	e 1, Section III. Use exactly the same service names listed on page 1. Answer erson for this service (listed at the bottom of the page) changes, this should be		
reported to the Department of Comm			-	
County: Mitchell County	Service_Airpo			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
	countywide (i.e., including all cities a nment, authority or organization provid	and unincorporated areas) by a single service provider. (If this box ding the service.)	is	
City of Camilla				
	ly in the unincorporated portion of the rganization providing the service.)	county by a single service provider. (If this box is checked, identify th	e	
		ir incorporated boundaries, and the service will not be provided in nent(s), authority or organization providing the service.)	n	
		incorporated boundaries, and the county will provide the service inent(s), authority or organization providing the service.)	n	
	ed, attach a legible map delineating t tion that will provide service within ea	the service area of each service provider, and identify the government the service area.)	t,	
2. In developing the strategy, w	ere overlapping service areas, unneces	sary competition and/or duplication of this service identified?		
□ yes X no				
		anation for continuing the arrangement (i.e., overlapping but high the duplication, or reasons that overlapping service areas or competition		
eliminate them, the responsible	party and the agreed upon deadline for			
		rvice and indicate how the service will be funded (e.g., enterprise fund tax, franchise tax, impact fees, bonded indebtedness, etc.	S,	
Local Government or Authority				
Camilla Gene	eral Fund/enterprise revenues an	d grants		
	the previous arrangements for providu	ing and/or funding this service within the county?		
no change				
5. List any formal Service Deli	very Agreements or intergovernmenta	al contracts that will be used to implement the strategy for this service:		
Agreement Name:	Contracting Parties :	Effective and Ending Dates:		
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown		
	ny) will be used to implement the strat banges, etc.) and when will they take e	tegy for this service, (e.g., ordinances, resolutions, local acts of the ffect?		
same as number 5				
7. Person completing form:	Dan Bollinger			
Phone Number: (912) 5	Date complete	ed:9/99		
8. Is this the person who should with the service delivery strateg		evaluating whether proposed local government projects are consistent		
If not, provide designated conta	ct person(s) and phone number(s) below	w:		

Service: Airport

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Camilla owns and operates the only public airport in Mitchell County and will continue to do so.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 1999.

MITCHELL COUNTY By: Bentemin Title: Chairman Mul Attest:

CITY OF BACONTON By: A Varo Title: Attest:

CITY OF SALE CITY C By: Title: Attest: S

CITY OF CAMILLA	
By:	_
Attest: Lang n. Daber	-
CITY OF PELHAM	_
By: Cherto Shelnott	-
Title: mayor Attest:	-
CITY OF MEIGS	
By: Mayne hames	_
Title: Mayor	_
Attest: Debrah Smith	_

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: Mitchell County

#### Service Regional Library Board

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.)

#### Mitchell County 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 X no

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

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

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

Local Government or Authority

Local Government or Authority	Funding Method:
Mitchell County	General Fund
City of Camilla	General Fund
City of Pelham	General Fund
Mitchell County Board of Education	General Fund
Pelham City Board of Education	General Fund

Fred Street Adapted

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 I	Date
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

### Service: Regional Library Board

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

The libraries are currently funded by Camilla, Pelham and Mitchell County, the Mitchell County Board of Education, and Pelham City Board of Education on an annually negotiated basis. Funding has been determined equitable and no changes are needed.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benferin Harmend Title: Chaitman	By: Title: Mayor
Attest: Millio H. Cuman	Attest: Kary n. Daban
CITY OF BACONTON	CITY OF PELHAM
By: Thelen Eduard	By: Chesto Shelnott
Title: Mayor	Title: mayor
Attest: Christy Stuty	Attest: Couling
CITY OF SALE CITY	CITY OF VIEIGS
By: Charles Burch	By: Name he mus
Title: Mayo	Title: Maper
Attest: Sharon n. Phillips	Attest: Debiakt&mith

PAGE 2

### Instructions:

	es as necessary. If the contact person for this servi	Use exactly the same service names listed on page 1. Answer ice (listed at the bottom of the page) changes, this should be
County: Mitchell County	Service: <u>Tax Digest Prepar</u>	ation
1. Check the box that best describes the a	greed upon delivery arrangement for this serv	vice:
	de (i.e., including all cities and unincorpora athority or organization providing the service.	ted areas) by a single service provider. (If this box is )
Mitchell County		
Service will be provided only in the u government, authority or organizatio		gle service provider. (If this box is checked, identify the
	his service only within their incorporated checked, identify the government(s), authority	boundaries, and the service will not be provided in or organization providing the service.)
	his service only within their incorporated b checked, identify the government(s), authority	ooundaries, and the county will provide the service in y or organization providing the service.)
	a legible map delineating the service area will provide service within each service area.)	of each service provider, and identify the government,
2. In developing the strategy, were overla	apping service areas, unnecessary competitior	a and/or duplication of this service identified?
□ yes X no		
		tinuing the arrangement (i.e., overlapping but higher or reasons that overlapping service areas or competition
	der the strategy, attach an implementation s the agreed upon deadline for completing it.	schedule listing each step or action that will be taken to
	at will help to pay for this service and indicat district revenues, hotel/motel tax, franchise ta	te how the service will be funded (e.g., enterprise funds, x, impact fees, bonded indebtedness, etc.
Local Government or Authority Mitchell County General Fun	Funding Method:	
Whichen County General Fun	<u>u</u>	
4. How will the strategy change the previous	ious arrangements for providing and/or fundir	ng this service within the county?
No changes		
5. List any formal Service Delivery Agree	ements or intergovernmental contracts that w	ill be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown
<ol> <li>What other mechanisms (if any) will b General Assembly, rate or fee changes, et</li> </ol>		ice, (e.g., ordinances, resolutions, local acts of the
same as number 5		
7. Person completing form: Dan Bolling	er	
Phone Number: (912) 522-3552	Date completed: 9/99	
<ol> <li>Is this the person who should be conta with the service delivery strategy?</li></ol>	es X no	her proposed local government projects are consistent
Bennett Adams (912) 336-2000		

### Service: Tax Digest Preparation

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

No change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this <u>prin</u> day of <u>October</u>, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benferin Haynerd	By:
Title: Chairman	Title: Mayor
Attest: Julia H. Cuman	Attest: Kan, n. Daba
CITY OF BACONTON	CITY OF PELHAM
By: Tholen Tolerand	By: Cherter Shelnut
Title: Mayor	Title: mayon
Attest: hustyStuckel	Attest:
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By: Marme harmins
Title: Mayon	Title: Mayor
Attest: Sharm R. Phellips	Attest: Debrahtsmith

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: Mitchell County

Service: Tax 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.)
- X 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 cbecked, identify the government(s), authority or organization providing the service.)

#### Mitchell County, Camilla, Pelham Sale City, Baconton and Meigs

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

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

### □ yes X no

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

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

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

Local Government or Authority

our obsernment of Humony		i unung menou
Mitchell County	General Fund	
Camilla	General Fund	
Pelham	General Fund	
Sale City	General Fund	
Baconton	General Fund	
Meigs	General Fund	

Funding Method:

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

#### No change in strategy

5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties :		Effective and Ending Dates:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

### same as number 5

7. Person completing form: Dan Bollinger

Phone Number:

(912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no

### Service: Tax Collection

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

There is no change expected in these services.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20<sup>th</sup> day of <u>Ostober</u>, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Bendenin Haywerd	By: P-
Title: Chairman	Title: major
Attest:Aulu H Cumber	Attest: Kony n. Daba
	CITY OF DELIGAT
CITY OF BACONTON By: Tholen Toward	CITY OF PELHAM By: Chester Shelnut
Title: Mayor	Title: Mayor All
Attest: Missteyesterebert	Attest:
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By ann hamit
Title: Mayor	Title: Mayor
Attest: Sharon n. Phellips	Attest: Debrahysmith

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: Mitchell County

### Service: Yard Waste Collection and Disposal

PAGE 2

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.)
- D 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.)
- X 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.)

#### Camilla, Pelham

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

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

🗆 yes X no

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

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

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

.ocal Government or Au	uthority Funding Method:	
City of Camilla	General Fund, Fees	
City of Pelham	General Fund, Fees	
Mitchell County	General Fund, Fees	

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

#### No change in Strategy

5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties :	Effective and Ending Date
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Phor

e Number:	(912) 522-3552	Date completed:	9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no

### Service: Yard Waste Collection & Disposal

### Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

Pelham and Camilla provide collection service for yard waste through the General Fund. Disposal is made either through composting, mulching or at the Mitchell County Landfill, operated by the County for the purpose of disposal of inert refuse.

There will no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this day of Outplue, 1999.

MITCHELL COUN By: Ben hairma Title: la H Attest:

CITY OF SALE CITY
By: Charles Burch
Title: Mayon
Attest: Sharon & Rhielips

CITY OF CAMILLA
By:
Attest: Low, n. Derber
CITY OF PELHAM
By: Chertis Shelwett
Attest:
CITY OF MEIGS
By: Mayn nections
Attest: Nebrahlsmith

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: Mitchell Service: Street Lighting 1. Check the box that best describes the agreed upon delivery arrangement for this service: D 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.) X 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.) Cities of Camilla, Baconton, Pelham, Meigs and Sale City 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? X no 🗆 ves 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 tax, franchise tax, impact fees, bonded indebtedness, etc. Funding Method: Local Government or Authority Camilla **General Fund General Fund** Baconton Pelham **General Fund General Fund** Meigs Sale City **General Fund** 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? None 5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service: Effective and Ending Dates: Agreement Name: Contracting Parties : 10/99 - Unknown Service Delivery Agreement | Mitchell County/All Cities 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? same as number 5 7. Person completing form: Dan Bollinger \_\_\_ Date completed: \_\_\_\_ 9/99 Phone Number: (912) 522-3552 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no If not, provide designated contact person(s) and phone number(s) below:

Service: Street Lighting

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

There will be change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of October, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Bentenin Hayund	By:
Title: Chair man	Title: Mayor
Attest: _ Aulia H. Caman	Attest: Kan, n. Baba
CITY OF BACONTON	CITY OF PELHAM
By: Thalen Toluards	By: Cherto Shelwott
Title: Mayor	Title: Inaugur
Attest: Christey Steetful	Attest:
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By: Mayne hermans
Title: Mayor	Title: Mayor
Attest: Sharon h. Phellips	Attest: Debrahysmith

#### Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. Service Public Housing **County: Mitchell 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.) 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.) X 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.) Camilla Housing Authority, Pelham Housing Authority 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.) Camilla Housing Authority, Pelham Housing Authority 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ yes X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, General Funds, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method: Grants/Rents **Camilla Housing Authority Pelham Housing Authority** Grants/Rents 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change in strategy

5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties :	Effective and Ending Dates:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown

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?

#### same as number 5

7. Person completing form: Dan Bollinger

Phone Number: (912) 522-3552 Date completed: 9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

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

PAGE 2

### Service: Public Housing

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20th day of October, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benfemin Hayned	By:
Attest:Air man	Attest: Kong n. Babe
CITY OF BACONTON	CITY OF PELHAM
By: Thelen Eduardo	By: Chester Shelnot
Title: Mayor Attest: Christey Stubel	Attest:
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By Mayne hammes
Attest: Thavan A. Phillips	Title: Mayos Attest: Nebrahysmith
0	

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: Mitchell County

Service: Regional Planning

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

X 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.)

#### Southwest Georgia RDC

- 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 X no

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

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

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

ocal Government or Authority	Funding Method:
Mitchell County	General Fund
Camilla	General Fund
Pelham	General Fund
Sale City	General Fund
Baconton	General Fund
Meigs	General Fund

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

### none

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:
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown

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?

#### Same as number 5

7. Person completing form: Dan Bollinger

Phone Number:	(912) 522-3552	Date completed:	9/99	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

### Service: Regional Planning

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benferin Haynerd	By: THE
Title: Chairman	Title: mayor
Attest: Aulio H. Carman	Attest: Lang n. Doben
CITY OF BACONTON	CITY OF PELHAM
By: Thalen Toluand	By: Chester Shelpott
Title: Mayor	Title: mayon
Attest histy turke	Attest:
	0/1/
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By: Mayne hearns
Title: Mayon	Title: Margon
Attest: Sharon n. Rhillips	Attest: Nebiahysmith

PAGE 2

### Instructions:

	ing addition	onal pages as neces		<b>1, Section III.</b> Use exactly the same service names listed on page 1. Answer son for this service (listed at the bottom of the page) changes, this should be
County: Mitchell Coun	ty		Service Voter I	Registration & Elections (city-wide)
1. Check the box that be	st describ	bes the agreed upo	on delivery arrangem	ent for this service:
			ling all cities and uni ation providing the se	ncorporated areas) by a single service provider. (If this box is checked, rvice.)
Service will be prov government, author				county by a single service provider. (If this box is checked, identify the
				r incorporated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
				incorporated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
Camilla, Pelham,	Baconto	on, Sale City and	Meigs, Mitchell Co	unty
			e map delineating the delineat	ne service area of each service provider, and identify the government, th service area.)
2. In developing the stra	itegy, wei	re overlapping ser	rvice areas, unnecess	ary competition and/or duplication of this service identified?
🗆 yes 🛛 X no				
				nation for continuing the arrangement (i.e., overlapping but higher the duplication, or reasons that overlapping service areas or competition
If these conditions will be eliminate them, the respo				plementation schedule listing each step or action that will be taken to completing it.
				vice and indicate how the service will be funded (e.g., enterprise funds, ax, franchise tax, impact fees, bonded indebtedness, etc.
Local Government or Au			Funding Method	d:
Mitchell County Camilla		al Fund		
Pelham		al Fund		
Baconton		al Fund		
Sale City		al Fund		
Meigs	Gener	al Fund		
4. How will the strategy	change t	he previous arran	gements for providir	ng and/or funding this service within the county?
no change in strategy				
5. List any formal Servi	ce Delive	ery Agreements of	r intergovernmental o	contracts that will be used to implement the strategy for this service:
Agreement Name:			tracting Parties :	Effective and Ending Dates:
Service Delivery Agreement		Mitchell Cour	nty/All Cities	10/99 - Unknown
6. What other mechanis General Assembly, rate				gy for this service, (e.g., ordinances, resolutions, local acts of the fect?
same as number 5				
7. Person completing fo	rm: <u>D</u> a	an Bollinger		
Phone Number:	(912) 52	2-3552	Date completed	l: <u>9/99</u>
<ol> <li>Is this the person who with the service delivery</li> </ol>				valuating whether proposed local government projects are consistent
If not, provide designate	d contact	person(s) and ph	one number(s) below	r.

### Service: Voter Registration and Elections (city wide)

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Petham, City of</u> Sale City and City of Meigs

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20 day of October, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Bendenin Haynerd	ву:ЗЗ
Title: Chairman	Title: Mayor
Attest: Mulio A-Caman	Attest: tony n. Doby
	,
CITY OF BACONTON	CITY OF PELHAM
By: Tholen Sdee orde	By: Cherto Shelpert
Title: Mayor	Title: mayorn
Attest: Tusty Steutal	Attest:
0 0	01,11
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Bunch	By: Mayne hermins
Title: Mayer	Title: may
Attest: Sharry, Rheeligs	Attest: pebrahssmith

PAGE 2

### Instructions:

	and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answe ning additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be of Community Affairs.			
County: Mitchell Coun	ty Service_Storm Water Management			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
	led countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked ment, authority or organization providing the service.)	ed,		
	ided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify t ity or organization providing the service.)	he		
	s will provide this service only within their incorporated boundaries, and the service will not be provided as. (If this box is checked, identify the government(s), authority or organization providing the service.)	in		
Mitchell County, C	Camilla, Pelham, Baconton, Sale City and Meigs			
	es will provide this service only within their incorporated boundaries, and the county will provide the service as. (If this box is checked, identify the government(s), authority or organization providing the service.)	in		
	s checked, attach a legible map delineating the service area of each service provider, and identify the governme organization that will provide service within each service area.)	nt,		
2. In developing the stra	ategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
🗇 yes 🛛 X no				
levels of service (See O cannot be eliminated).	continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but high C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition of the duplication of the duplic	ion		
	be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken onsible party and the agreed upon deadline for completing it.	to		
	nt or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise fun s, special service district revenues, hotel/motel tax, franchise tax, impact fees, bonded indebtedness, etc.	ds,		
Local Government or Au				
Mitchell County Camilla	General Fund General Fund			
Pelham	General Fund			
Baconton	General Fund			
Meigs	General Fund			
	change the previous arrangements for providing and/or funding this service within the county?			
no change in strategy				
5. List any formal Servi	ce Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name:	Contracting Parties : Effective and Ending Dates:			
Service Delivery	Mitchell County/All Cities 10/99 - Unknown			
Agreement				
	is (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the or fee changes, etc.) and when will they take effect?			
same as number 5				
7. Person completing fo	rm: Dan Bollinger			
Phone Number:	(912) 522-3552 Date completed: 9/99			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes $\Box$ no				
If not, provide designate	ed contact person(s) and phone number(s) below:			

### Service: Storm Water Management

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> Sale City and City of Meigs

There will be change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 2000 day of October, 1999.

CITY OF CAMILLA MITCHELL COUNT BV: Ben hait Title: Attest: CITY OF BACONTO H

Navo Title:

CITY OF SALE CI ( By: Title: Attest:

CITT OF CAMILLA
By:
Title: mayor
Attest: Kang n. Daben
1
CITY OF PELHAM
By: Cherto Shelwatt
Title: Jucque A
Attest:
0/ 1/
CITY OF MEIGS
By: A alpen harming
Title: Mayo
Attest: DebrahtSmith

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: Mitchell County

#### Service: Court 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.)
- 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.)
- X 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.)

#### Mitchell County, Camilla, Pelham, Baconton, Sale City and Meigs

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

🗆 yes 🛛 X no

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

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

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

Local Government or Authority

Funding Method:

Mitchell County	General Funds
Camilla	General Funds
Pelham	General Funds
Baconton	General Funds
Sale City	General Funds
Meigs	General Funds

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

5. List any formal Service Delivery Agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties :	Effective and Ending Dates:	
Service Delivery Agreement	Mitchell County/All Cities	10/99 - Unknown	

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?

same as number 5

7. Person completing	g form:	Dan Bollinger		
Phone Number:	(912)	522-3552	Date completed:	9/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes  $\Box$  no

### Service: Court Services

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pelham, City of</u> <u>Sale City and City of Meigs</u>

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this we day of <u>Detober</u>, 1999.

MITCHELL COUNTY	CITY OF CAMILLA
By: Benferin Abyund	By:
Title: Chair man	Title: Major
Attest: Mular H. Cuman	Attest: Kany n. Dalon
CITY OF BACONTON	CITY OF PELHAM
By: Tholen Towards	By: Cherty Shelpott
Title: Mayor Attest: Christey Seuts	Title: mogu Attest:
CITY OF SALE CITY	CITY OF MEIGS
By: Charles Burch	By: Mayne pomine
Title: Mayor	Title: Mayor
Attest: Sharon n. Phillips	Attest: Debra py Smith

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: Mitchell Count	ty	Service: <u>Social Serv</u> Mental Health, Department of	ices - Health Department, f Family & Children Services	
1. Check the box that be	st describes the	agreed upon delivery arrangement for	this service:	
		ide (i.e., including all cities and uni authority or organization providing the	ncorporated areas) by a single service provider. (If this box is service.)	
Mitchell County				
		unincorporated portion of the county ion providing the service.)	by a single service provider. (If this box is checked, identify the	
			porated boundaries, and the service will not be provided in authority or organization providing the service.)	
			orated boundaries, and the county will provide the service in authority or organization providing the service.)	
		h a legible map delineating the serv t will provide service within each serv	ice area of each service provider, and identify the government, ice area.)	
2. In developing the stra	tegy, were over	lapping service areas, unnecessary co	npetition and/or duplication of this service identified?	
🗇 yes X no				
			for continuing the arrangement (i.e., overlapping but higher ication, or reasons that overlapping service areas or competition	
		nder the strategy, attach an impleme d the agreed upon deadline for comple	ntation schedule listing each step or action that will be taken to sting it.	
			d indicate how the service will be funded (e.g., enterprise funds, nchise tax, impact fees, bonded indebtedness, etc.	
Local Government or Au		Funding Method:		
Mitchell County	General Fu	nd		
4. How will the strategy	change the pre	vious arrangements for providing and	or funding this service within the county?	
none				
5. List any formal Servi	ce Delivery Ag	reements or intergovernmental contra	ets that will be used to implement the strategy for this service:	
Agreement Name:		Contracting Parties :	Effective and Ending Dates:	
Service Delivery A	greement	Mitchell County/All Cities	10/99 - Unknown	
L				
		be used to implement the strategy for etc.) and when will they take effect?	this service, (e.g., ordinances, resolutions, local acts of the	
same as number 5				
7. Person completing fo	rm: Dan I	Bollinger		
Phone Number:	(912) 522-355	2 Date completed:9	99	
8. Is this the person who with the service delivery			ng whether proposed local government projects are consistent	
If not, provide designated contact person(s) and phone number(s) below:				
Demote A demo				

Bennett Adams Mitchell County Administrator (912) 336-2000

### Service: <u>Social Services - Health Department, Mental Health, Department of Family</u> <u>& Children Services</u>

Parties: <u>Mitchell County, City of Camilla, City of Baconton, City of Pełham, City of</u> Sale City and City of Meigs

There will be no change in this service.

Nothing contained in this strategy shall be deemed to prevent a governmental unit which is a signatory hereto from discontinuing, modifying or expanding any service currently provided or providing any new service or renegotiating any funding thereof. Prior to the implementation of any changes, the parties hereto shall make a corresponding amendment or update of this strategy.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this 20 day of 0 tober , 1999.

MITCHELL COUNT CITY OF CAMILI By: Bo By: Title: Attest: Attest: CITY OF BACONTON CITY OF PELHAN lut By: C Title: Title Attest: Attest: CITY OF SALE CIT C By: B In Title: Title Attest: no Attest:

## 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 Mitchell County: 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 identified 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: Not Applicable amendments to existing comprehensive plans Note: If the necessary plan amendments, regulations, ordinances, adoption of a joint comprehensive plan ect. have not yet been formally adopted, indicate when each of the O other measures (amend zoning ordinances, affected local governments will adopt them. add environmental regulations, etc.) 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 cities, must, in the future, notify the County of any proposed annexations and the proposed land use classification of the area to be annexed. If the County does not object, the City may proceed. If the County objects, they must notify the City within 30 days of the objection and the reason. At that point, the City can modify the proposal to agree with the County and proceed, or agree with the County and stop the process, or initiate a joint meeting of the governments to resolve the issues. If there is no resolution at that point, a mediator will be employed with the City and the County paying half of the cost. No annexation can be effective until such time as agreement is reached on land use classifications. A government always has the option of seeking declaratory judgment following the determination of the City seeking to

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?

No processes or procedures were necessary due to the agreements in the strategy regarding utility services of water, sewer and natural gas.

5. Person completi	ing form:	Dan Bollinger, Sr.		
Phone number	(017) 577-3557	Date completed:	0/00	

annex a property in conflict with the County land use classification.

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 🗖 yes D no of applicable jurisdictions?

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

Bennett Adams, County Administrator (912) 336-2000

### A Resolution Entitled a Resolution Formally Adopting the Mitchell County Service Delivery Strategy as Required by State Law

BE IT RESOLVED, by the Mitchell County Board of Commissioners, the Mayors and City Councils of the cities of Baconton, Camilla, Pelham, Sale City and Meigs and it is hereby resolved by authority of same:

Whereas, State law requires the County its municipal jurisdictions to develop and adopt a Service Delivery Strategy for Mitchell County and its respective governments, and

Whereas, the Mitchell County Board of Commissioners and the County's respective cities have complied with all procedures and requirements pursuant to the Service Delivery Strategy Act requirements,

BE IT THEREFORE RESOLVED by the Mitchell County Board of Commissioners and the governing bodies of the cities of Baconton, Camilla, Pelham, Sale City and Meigs, AND IT IS HEREBY RESOLVED by the Authority of same:

Section 1. Effective immediately upon the adoption of this Resolution by each of the respective jurisdictions, the Mitchell County Service Delivery Strategy as developed shall be implemented as present and future service delivery policy for the County and its municipalities.

Section 2. All other resolutions, or ordinances in conflict herewith are hereby repealed.

Mitchell County Board of Commissioners

ATTEST:

County Clerk

Baconton

ATTEST:

Camilla City Clerk

ATTEST Pelkam City

ATTE

Sale City City Clerk

ATTEST

Meigs City Clerk

WP Disk 71 #4890-sk

nero 20 oct.99

Mayor and Council, Bacomon, Georgia By: Mayor Date

Mayor and Council, Camilla, Georgia

10-19-Mayor Date

Mayor and Council, Pelham Georgia

By: C sto. It Date

Mayor and Council, Sale City, Georgia

10-20-By: Mayor and Council, Miggs, Georgia

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 population 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 \_Mitchell \_\_ COUNTY

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
FR-1	Alfred J. Powell	Mayor	Camilla	09/13/99
Ju C. Mitter	Chester Shellnut Joe C. Caldwell	Mayor Mayor Pro-Tem	Pelham	09/20/99
Thales - Sugar	Tholen Edwards	Mayor	Baconton	9/13/99
Charles Bunch	Charles Burch	Mayor	Sale City	9/13/90
Alem hami	Wayne NeSmith	Mayor	Meigs	9/20/99
Bentenin Ha	Ben Hayward	Chairman	Mitchell County	9/14/99
0				1 1.1
				(h.,