



## SERVICE DELIVERY STRATEGY FORM 1

COUNTY: **HARALSON**

### I. GENERAL INSTRUCTIONS:

1. **FORM 1 is required for ALL SDS submittals.** Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

<b>OPTION A</b> <i>Revising or Adding to the SDS</i>	<b>OPTION B</b> <i>Extending the Existing SDS</i>
<ol style="list-style-type: none"> <li>4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</li> <li>5. For <b>each</b> service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).</li> <li>6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it 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, FORM 4).]</li> </ol>	<ol style="list-style-type: none"> <li>4. In Section IV type, "NONE."</li> <li>5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]</li> <li>6. Proceed to step 7, below.</li> </ol> <div style="background-color: #333; color: white; padding: 10px; margin-top: 10px;"> <p style="text-align: center; font-size: small;"> <b>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at <a href="http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servedelivery.asp" style="color: white;">http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servedelivery.asp</a>, or call the Office of Planning and Quality Growth at (404) 679-5279.</b> </p> </div>

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

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

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

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.

Haralson County  
Bremen  
Buchanan  
Tallapoosa  
Temple  
Waco  
Haralson County Development Authority  
Haralson County Water Authority  
West Georgia Library System  
West Georgia Airport Authority  
Bremen Housing Authority  
Buchanan Housing Authority  
Tallapoosa Housing Authority  
Tallapoosa Recreation Authority  
Haralson County Solid Waste Authority  
Haralson/Paulding Drug Task Force  
Tallapoosa Development Authority  
The Development Authority of the City of Tallapoosa  
Downtown Development Authority of the city of Tallapoosa

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

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

Airport  
Cemetery  
Courts (Superior, Juvenile, Probate, Magistrate)  
Courts - Municipal  
Cultural Programs  
Drug Task Force  
Extension Service  
Gas Utility  
Law Enforcement  
Museum  
Public Health  
Public Housing  
Road/Street Construction / Maintenance  
Public Works  
Social Services  
Solid Waste Disposal  
Tax Assessment  
Tourism

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

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

800 Mhz Radio  
911  
Animal Welfare and Enforcement  
Chemical/Biological Hazard Disposal  
Code Enforcement - Building Codes  
Comprehensive Long Range Planning  
Correctional Institute - Inmate Labor  
Corrections - Probation  
Economic Development  
Elections - Federal, State, Municipal  
Elections - Municipal  
Emergency Medical - EMT & Ambulance  
Fire & Emergency Rescue  
Homeland Security/Emergency Management  
Indigent Defense - Municipal  
Indigent Defense - State/County  
Inmate Housing and Medical Care For Municipal Inmates on Misdemeanor Charges  
Libraries  
Parks and Recreation  
Probation - Municipal  
Senior Citizen Programs  
Sewer  
Solid Waste Collection  
Stormwater  
Transit  
Voter Registration  
Water Supply/Distribution



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:HARALSON	Service: 800 MHz Radio
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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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	User Fees in the County's 911 Special Revenue Fund, General Fund, SPLOST.

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

New Service - not on previous SDS

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: 911

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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	User Fees within the County's Special Revenue Fund for 911, General Fund

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

Service not on previous SDS

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: ANIMAL WELFARE & ENFORCEMENT

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.



**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	General Funds, User Fees

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

New service - not on previous SDS

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: *CHEMICAL/BIOLOGICAL HAZARD 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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	General Fund

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

New Service - Not on previous SDS

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

## FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<b>COUNTY:</b> HARALSON	<b>Service:</b> <i>Code enforcement / Building Codes / Planning and Zoning</i>
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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.): **Haralson County, Tallapoosa, Bremen, Buchanan, Temple. Waco**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	Enumerated Revenues per OCGA 36-70-24(3) or from any other unincorporated revenue source as established by General law by the General Assembly of the State of Georgia where such revenues are established or distributed by the state based on unincorporated population or area; user fees and permits.
Bremen, Buchanan, Tallapoosa,	Municipal Funds; User Fees
Temple & Waco	Municipal Funds; User Fees

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

Pursuant to the provisions of OCGA §36-70-24(3)(B) the cities have agreed that the County may use all or a portion of certain non-enumerated revenue sources for the funding of the County's cost of services of this special service district. The 'agreed non-enumerated' revenue sources, derived from the special service district, that may be used to fund the cost of providing this service in the special service district are limited to the following: Franchise Fees; Energy Excise Tax; Business & Occupational Tax; Railroad Equipment; and Alcohol Excise Tax. If, in the future, the County makes a determination that there is another source of revenue (not specifically enumerated in OCGA §36-70-24(3)(B)) that the County should be permitted to use to fund its cost of services within its special service districts, the County will notify the cities of the proposed revenue source it desires to use. The cities agree, at that time, to promptly enter into good faith negotiation with the County in an effort to reach an agreement for the County's use of said revenue source. If an agreement for use of the proposed revenue source is reached, modifications to the service delivery strategy agreement will be prepared and filed for approval with Department of Community Affairs. Unless, at some time in the future, they become an enumerated revenue source included as a part of the approved revenue sources in OCGA §36-70-24, no portion of LOST taxes or Motor Vehicle Tag Fees shall be used for the funding of costs of services in this special service district.

On previous SDS, these were separate services.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON	Service: <i>COMPREHENSIVE LONG RANGE PLANNING</i>
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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.): **HARALSON COUNTY, in conjunction with its cities shall plan, prepare, and execute a Comprehensive Long Range Plan for the county and its respective cities. Future Land Use Maps and SPLOST planning shall be prepared by each of the respective municipalities and the 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUND FOR STATE MANDATED COMPREHENSIVE PLAN
BREMEN	MUNICIPAL FUND FOR FUTURE LAND USE PLAN AND SPLOST PLAN
TALLAPOOSA	MUNICIPAL FUND FOR FUTURE LAND USE PLAN AND SPLOST PLAN
WACO	MUNICIPAL FUND FOR FUTURE LAND USE PLAN AND SPLOST PLAN
TEMPLE	MUNICIPAL FUND FOR FUTURE LAND USE PLAN AND SPLOST PLAN
BUCHANAN	MUNICIPAL FUND FOR FUTURE LAND USE PLAN AND SPLOST PLAN

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

Not on the previous SDS

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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





**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: CORRECTIONAL INSTITUTE - INMATE LABOR

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

- a.)  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.): **HARALSON COUNTY**
- b.)  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.):
- c.)  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):
- 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.):
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS - IN EVENT CITIES REQUEST ADDITIONAL INMATE
	LABOR CREWS FOR SPECIAL EVENTS, CITY SHALL REIMBURSE THE
	COUNTY FOR COST OF GUARD DETAIL AND TRANSPORTATION OF CREW
	MUNICIPAL FUNDS - IN EVENT CITY REQUESTS A PERMANENT DETAIL,
	CITY WILL REIMBURSE COUNTY PER IGA WITH THE SHERIFF

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

This is a new service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: CORRECTIONS - PROBATION

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

- a.)  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.): **HARALSON COUNTY**
- b.)  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.):
- c.)  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):
- 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.):
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS, USER FEES(SUPERIOR, STATE, MAGISTRATE COURT)

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

This is a new service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

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COUNTY: HARALSON

Service: *ECONOMIC DEVELOPMENT*

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

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

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.): **One or more of the cities of Bremen, Buchanan, Tallapoosa, Temple, Waco may provide for additional level of economic development activity within their respective cities from their respective municipal funds, however the primary service shall remain a county wide activity.**

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	General Funds

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

Additional Authorities created since previous SDS.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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

## ECONOMIC DEVELOPMENT

### Question 2 Explanation

One of the cities has their own development authorities.

Tallapoosa Development Authority







The Development Authority of the City of Tallapoosa

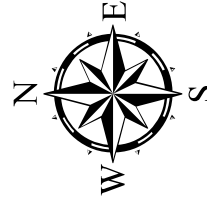
Downtown Development Authority of the City of Tallapoosa

There will always be overlapping because they use these for different purposes and are able to obtain different types of funding through the different types of authorities.

# Economic Development Districts

Haralson County,  
Georgia

-  City Limits
-  County Boundary
-  Development Authority of Haralson County
-  Tallapoosa Development Authority
-  Development Authority of the City of Tallapoosa
-  Downtown Development Authority of the City of Tallapoosa

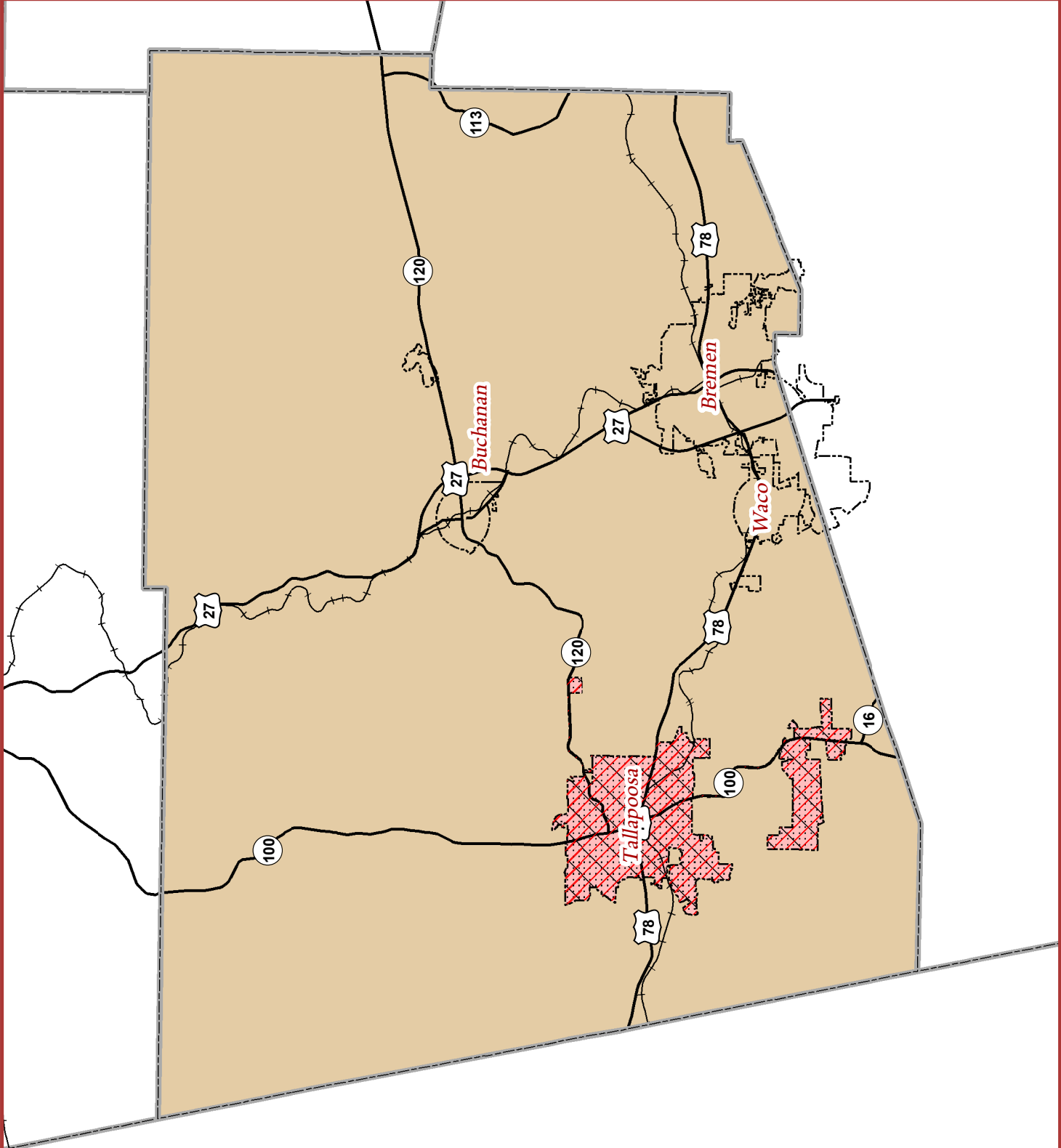


1 inch = 3 miles



**NWGRC**  
NORTHWEST GEORGIA REGIONAL COMMISSION  
*A Region With A Bright Future*

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**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

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COUNTY:HARALSON

Service:ELECTIONS - Federal, State, County

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

- a.)  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.):
- b.)  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.):
- c.)  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):
- 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.): **Bremen, Buchanan, Tallapoosa, Waco, Haralson County**
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS
BREMEN	MUNICIPAL FUNDS
BUCHANAN	MUNICIPAL FUNDS
TALLAPOOSA	MUNICIPAL FUNDS
WACO	MUNICIPAL FUNDS

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

Haralson County provides Federal, State, and County elections.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

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COUNTY:HARALSON	Service:ELECTIONS-MUNICIPAL
-----------------	-----------------------------

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

- a.)  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.):
- b.)  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.):
- c.)  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: **BREMEN, BUCHANAN, TALLAPOOSA, TEMPLE, WACO**)
- 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.):
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
BREMEN	MUNICIPAL REVENUES
BUCHANAN	MUNICIPAL REVENUES
TALLAPOOSA	MUNICIPAL REVENUES
TEMPLE	MUNICIPAL REVENUES
WACO	MUNICIPAL REVENUES

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

The County will enter into IGA if the municipalities wish the county to conduct elections with the Municipalities covering all cost for the elections to include Election and Registrar expenses

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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

**TYPE CONTACT NAME, TITLE & PHONE HERE**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

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COUNTY: HARALSON

Service: *EMERGENCY MEDICAL-EMT & AMBULANCE*

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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS

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

Previously known as Emergency Medical & Rescue Services

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Services provided by a private sector provider and Haralson County subsidizes the service on behalf of all citizens through the general fund.

7. Person completing form: **Alison Palmer**  
 Phone number: **770-646-2002**      Date completed: 2/17/17

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

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



**SERVICE DELIVERY STRATEGY**

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COUNTY: HARALSON

Service: FIRE AND EMERGENCY RESCUE

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

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

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

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

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

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.): **Haralson County will provide Fire and Emergency Rescue to the Unincorporated area, Buchanan, and Waco as a Special Service District. Haralson County will also provide Automatic Response to Tallapoosa as part of the Special Service District. Bremen and Tallapoosa will provide the service within their Incorporated boundaries.**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	Enumerated Revenue Sources per OCGA §36-70-24(3) from any other unincorp revenue source as established by General law by the General Assembly of the State of Georgia where such revenues are established or distributed by the state based on unincorporated population or area; Fire SSD Tax; SPLOST
Bremen	Municipal Funds, User Fees, SPLOST
Buchanan, Tallapoosa, Temple Waco	Municipal Funds, User Fees, SPLOST, Fire Special Service District Tax

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

Pursuant to the provisions of OCGA §36-70-24(3)(B) the cities have agreed that the County may use all or a portion of certain non-enumerated revenue sources for the funding of the County's cost of services of this special service district. The 'agreed non-enumerated' revenue sources, derived from the special service district, that may be used to fund the cost of providing this service in the special service district are limited to the following: Franchise Fees; Energy Excise Tax; Business & Occupational Tax; Railroad Equipment; and Alcohol Excise Tax. If, in the future, the County makes a determination that there is another source of revenue (not specifically enumerated in OCGA §36-70-24(3)(B)) that the County should be permitted to use to fund its cost of services within its special service districts, the County will notify the cities of the proposed revenue source it desires to use. The cities agree, at that time, to promptly enter into good faith negotiation with the County in an effort to reach an agreement for the County's use of said revenue source. If an agreement for use of the proposed revenue source is reached, modifications to the service delivery strategy agreement will be prepared and filed for approval with Department of Community Affairs. Unless, at some time in the future, they become an enumerated revenue source included as a part of the approved revenue sources in OCGA §36-70-24, no portion of LOST taxes or Motor Vehicle Tag Fees shall be used for the funding of costs of services in this special service district.

Previously known as Fire Protection.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Mutual Aid Agreements IGA	Haralson County, Bremen	Automatically Renews
Automatic Aid Agreement	Haralson County, Tallapoosa	7/1/2017-6/30/2018

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?

Fire Automatic Aid with the City of Bremen would be through IGA, with the cost being 1/4 of Fire SSD Tax Millage for that year.

7. Person completing form: **Alison Palmer**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government



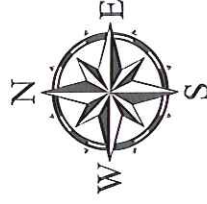
projects are consistent with the service delivery strategy?  Yes  No

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

# Fire & Emergency Rescue Special Service District

Haralson County,  
Georgia

-  Tallapoosa Service Area
-  Bremen Service Area
-  Haralson County Service Area
-  City Limits
-  County Boundary

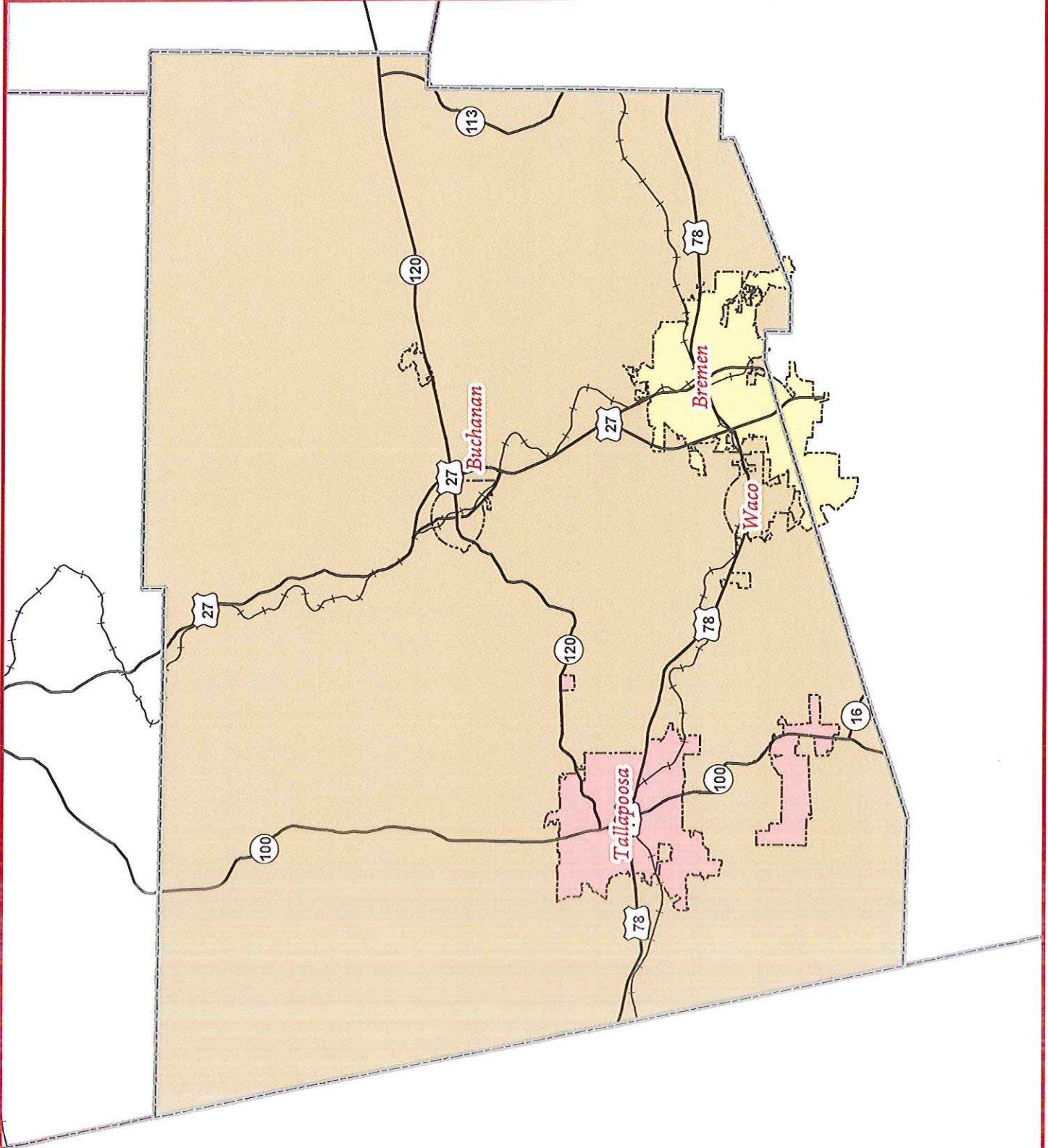


1 inch = 3 miles



**NWGRC**  
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**SERVICE DELIVERY STRATEGY**

## FORM 2: Summary of Service Delivery Arrangements

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**COUNTY: HARALSON**

**Service: *HOMELAND SECURITY - EMERGENCY MANAGEMENT***

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Haralson 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	General Funds

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

The name has changed to better reflect the services being provided. Previously known as Emergency Management Agency.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Em. Ops Plan - Bremen	Haralson County and City of Bremen	Year to Year
Em. Ops Plan - Buchanan	Haralson County and City of Buchanan	Year to Year
Em. Ops Plan - Tallapoosa	Haralson County and City of Tallapoosa	Year to Year
Em. Ops Plan - Temple	Haralson County and City of Temple	Year to Year
Em. Ops Plan - Waco	Haralson County and City of Waco	Year to Year

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: *INDIGENT DEFENSE - MUNICIPAL*

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

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

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

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

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Bremen	Municipal Funds, Fines-Forfeitures
Tallapoosa	Municipal Funds, Fines-Forfeitures
Buchanan	Municipal Funds, Fines-Forfeitures
Temple	Municipal Funds, Fines-Forfeitures

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

New Service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: *INDIGENT DEFENSE - STATE/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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	General Funds, Fines-Forfeitures, User Fees, state or federal payments as applicable.

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

Previously called Indigent Defense. Municipalities handle the Indigent Defense for Municipal Courts separately.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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





**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: *INMATE HOUSING AND MEDICAL FOR MUNICIPAL INMATES ON MISDEMEANOR CHARGES*

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

- a.)  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.): **Haralson County**
- b.)  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.):
- c.)  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):
- 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.):
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

If these conditions will continue under this 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.

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
BREMEN	MUNICIPAL FUNDS
BUCHANAN	MUNICIPAL FUNDS
TALLAPOOSA	MUNICIPAL FUNDS
TEMPLE	MUNICIPAL FUNDS

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

Cost for Municipal Inmates will be \$35 per day, first day free. Municipality is responsible for medical costs.

Previously called Jail.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
INMATE SERVICES IGA	HARALSON COUNTY - TALLAPOOSA	
INMATE SERVICES IGA	HARALSON COUNTY - BUCHANAN	
INMATE SERVICES IGA	CARROLL OR HARALSON COUNTY - BREMEN	
INMATE SERVICES IGA	CARROLL COUNTY - TEMPLE	

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:HARALSON	Service:LIBRARIES
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1. Check one box that best describes the agreed upon delivery arrangement for this service:

- a.)  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.):
- b.)  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.):
- c.)  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):
- 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.): **HARALSON COUNTY WILL PROVIDE FUNDING TO COVER THE COST OF ALL THREE LIBRARIES TO BE MEMBERS OF THE WEST GEORGIA REGIONAL LIBRARY SERVICE. HARALSON COUNTY WILL ALSO PROVIDE FUNDING FOR THE BUCHANAN/HARALSON COUNTY LIBRARY THAT IS HOUSED IN THE HISTORIC COURTHOUSE, WHICH SERVES AS A REPOSITORY FOR HISTORICAL RECORDS AND DOCUMENTS FOR HARALSON COUNTY. BREMEN AND TALLAPOOSA ALSO PROVIDE LIBRARIES.**
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes (if "Yes," you must attach additional documentation as described, below)
- No

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
BUCHANAN/ HARALSON COUNTY	GENERAL FUNDS
BREMEN LIBRARY	MUNICIPAL FUNDS, USER FEES, FINES
TALLAPOOSA LIBRARY	MUNICIPAL FUNDS, USER FEES, FINES
BUCHANAN	MUNICIPAL FUNDS, USER FEES, FINES

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

Haralson County / Buchanan Library is an added location.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:HARALSON	Service: <i>PARKS AND RECREATION</i>
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1. Check one box that best describes the agreed upon delivery arrangement for this service:
- a.)  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.):
  - b.)  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.):
  - c.)  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):
  - 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.):
  - e.)  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.): **HARALSON COUNTY WILL PROVIDE SERVICE FOR UNINCORPORATED AREA OF COUNTY AND THE CITIES OF WACO AND BUCHANAN AS A SPECIAL SERVICE DISTRICT. TALLAPOOSA, BREMEN, AND TEMPLE WILL PROVIDE SERVICE WITHIN THEIR RESPECTIVE INCORPORATED BOUNDARIES.**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- Yes (if "Yes," you must attach additional documentation as described, below)
  - No

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY, Buchanan, and Waco	Enumerated revenues listed in the OCGA 36-70-24(3) or from any other unincorporated revenue source as established by General law by the General Assembly of the State of Georgia where such revenues are established or distributed by the state based on unincorporated population or area; user fees,
	SPLOST
Bremen, Tallapoosa, Temple	Municipal Funds, User fees, SPLOST

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

Pursuant to the provisions of OCGA §36-70-24(3)(B) the cities have agreed that the County may use all or a portion of certain non-enumerated revenue sources for the funding of the County's cost of services of this special service district. The 'agreed non-enumerated' revenue sources, derived from the special service district, that may be used to fund the cost of providing this service in the special service district are limited to the following: Franchise Fees; Energy Excise Tax; Business & Occupational Tax; Railroad Equipment; and Alcohol Excise Tax. If, in the future, the County makes a determination that there is another source of revenue (not specifically enumerated in OCGA §36-70-24(3)(B)) that the County should be permitted to use to fund its cost of services within its special service districts, the County will notify the cities of the proposed revenue source it desires to use. The cities agree, at that time, to promptly enter into good faith negotiation with the County in an effort to reach an agreement for the County's use of said revenue source. If an agreement for use of the proposed revenue source is reached, modifications to the service delivery strategy agreement will be prepared and filed for approval with Department of Community Affairs. Unless, at some time in the future, they become an enumerated revenue source included as a part of the approved revenue sources in OCGA §36-70-24, no portion of LOST taxes or Motor Vehicle Tag Fees shall be used for the funding of costs of services in this special service district.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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


7. Person completing form: **ALISON PALMER, COUNTY CLERK**  
 Phone number: **770-646-2002**      Date completed: **2/17/2017**

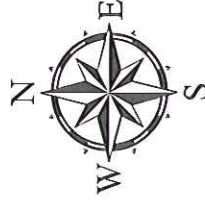
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes  No

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

# Recreation Special Service District

Haralson County,  
Georgia

-  Tallapoosa Service Area
-  Bremen Service Area
-  Haralson County Service Area
-  City Limits
-  County Boundary

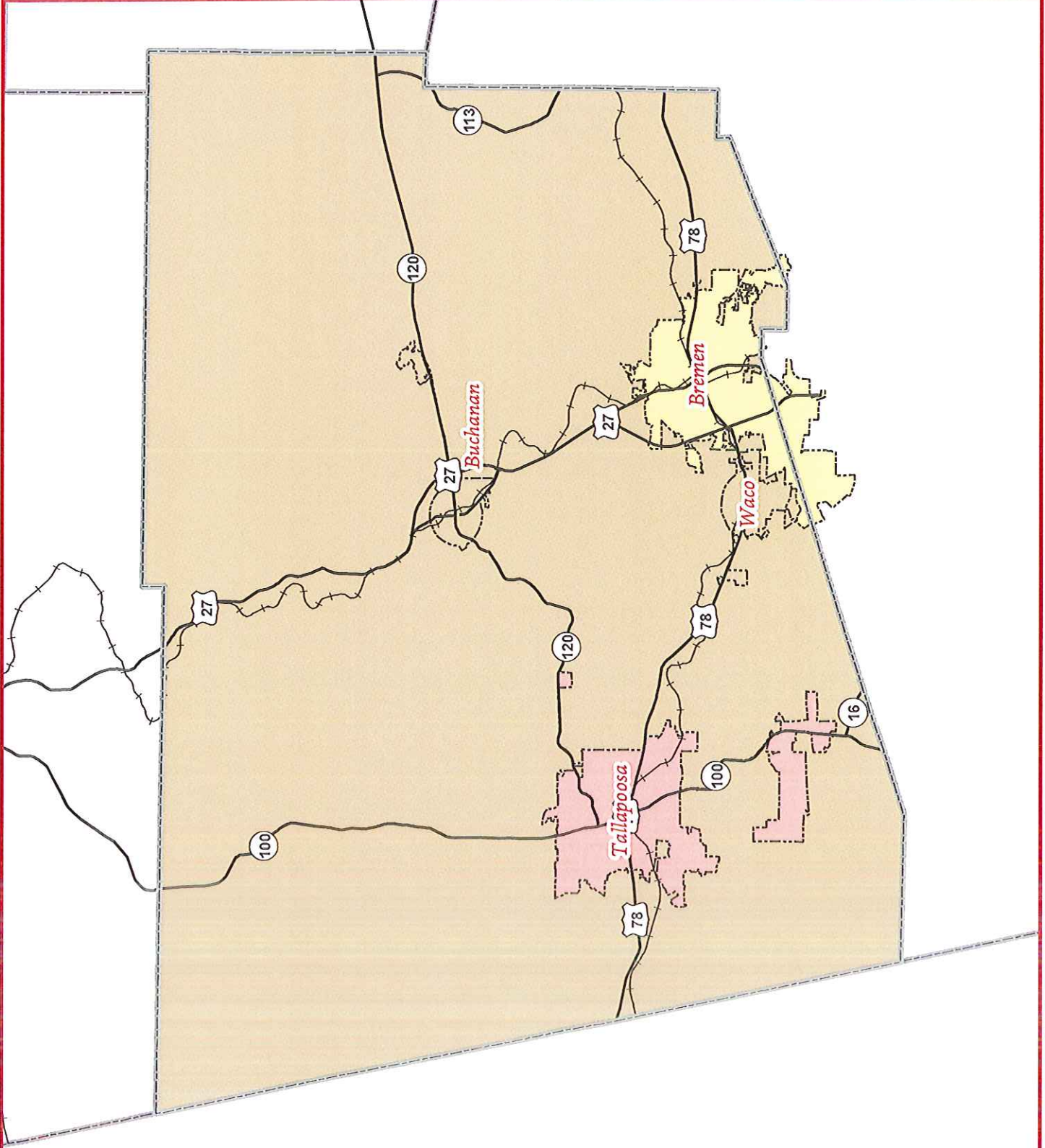


1 inch = 3 miles



**NWGRC**  
NORTHWEST GEORGIA REGIONAL COMMISSION  
*A Region With A Bright Future*

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**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: PROBATION - MUNICIPAL

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

- a.)  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.):
- b.)  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.):
- c.)  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: **BREMEN, BUCHANAN, TALLAPOOSA, TEMPLE**)
- 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.):
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
BREMEN	USER FEES & FINES (MUNICIPAL COURT) MUNICIPAL GENERAL FUNDS
BUCHANAN	USER FEES & FINES (MUNICIPAL COURT) MUNICIPAL GENERAL FUNDS
TALLAPOOSA	USER FEES & FINES (MUNICIPAL COURT) MUNICIPAL GENERAL FUNDS
TEMPLE	USER FEES & FINES (MUNICIPAL COURT) MUNICIPAL GENERAL FUNDS

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

Not listed on previous SDS.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: SENIOR CITIZEN PROGRAMS

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

- a.)  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.):
- b.)  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.):
- c.)  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):
- 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.): **BREMEN, TALLAPOOSA, HARALSON COUNTY**
- e.)  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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS, USER FEES, SPLOST
BREMEN	MUNICIPAL FUNDS
TALLAPOOSA	MUNICIPAL FUNDS

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

Haralson County has added a Senior Citizens Program.  
Previously known as Senior Citizen Center.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

## FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

**COUNTY: HARALSON**

**Service: SEWER**

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

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

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

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

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

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Bremen, Tallapoosa, Temple, Waco, and Buchanan will provide this service within their respective incorporated boundaries - the service may be provided to areas in the unincorporated area of the county adjacent to a respective city pursuant to an agreement for said services between Haralson County and the respective city.**

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Bremen	User Fees, SPLOST, Enterprise Funds
Tallapoosa	User Fees, SPLOST, Enterprise Funds
Buchanan	User Fees, SPLOST, Enterprise Funds
Temple	User Fees, SPLOST, Enterprise Funds
Waco	User Fees, SPLOST, Enterprise Funds

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

Previously known as Sewage Collection/Disposal. Name changed to better reflect the service. Attached map shows where services have been expanded since the previous SDS.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer**

Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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

# Sewer Service Delivery Areas Haralson County, GA

- Roads
- Highways
- Railroads
- - - City Limits
- Buchanan Sewer Service Area
- Bremen Sewer Service Area
- Waco Sewer Service Area
- Talapoosa Sewer Service Area

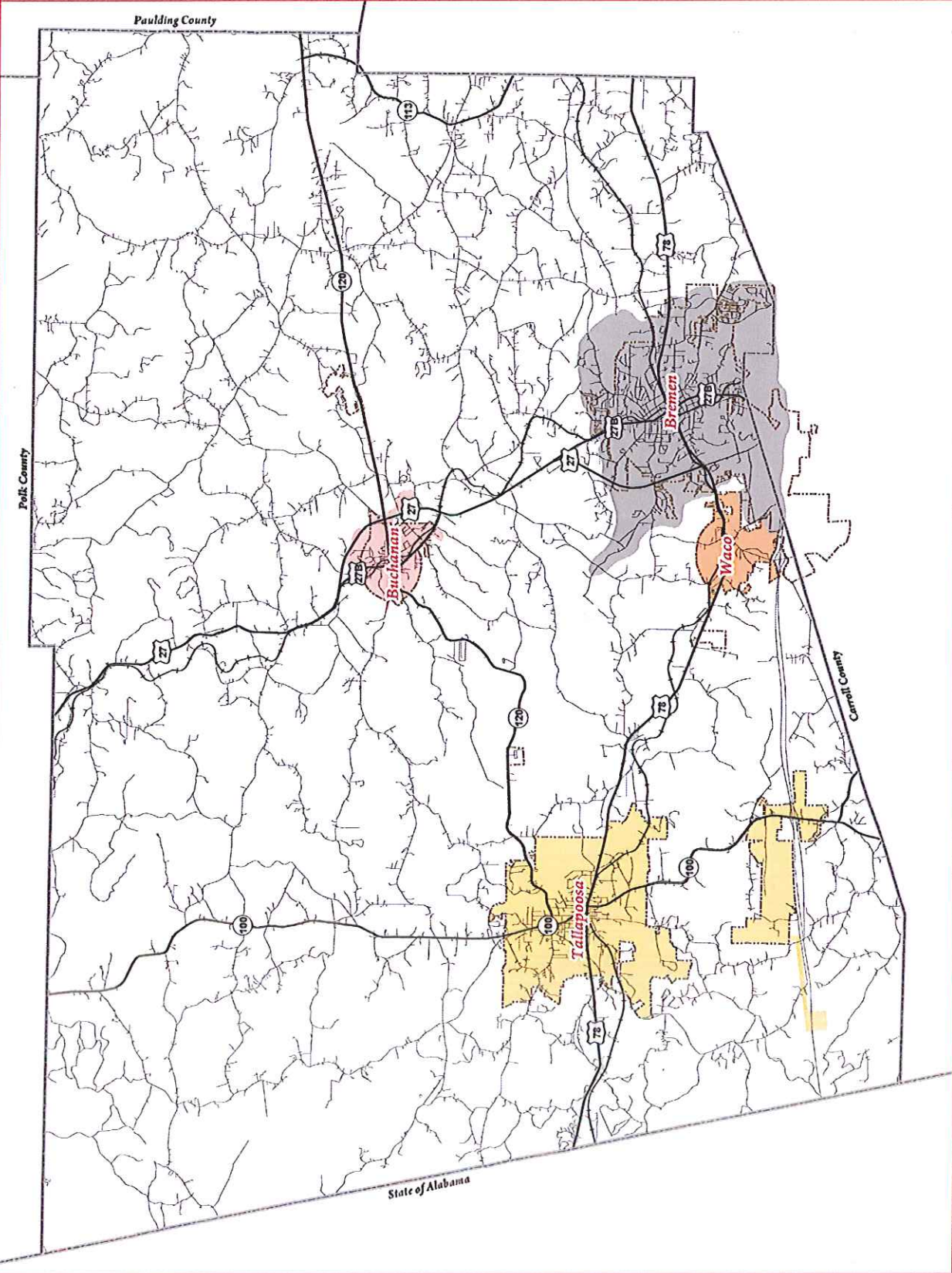


1 in = 2 miles

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**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: SOLID WASTE COLLECTION

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

- a.)  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.):
- b.)  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.):
- c.)  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):
- 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.):
- e.)  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.): **Haralson County will provide service for Unincorporated Area of the county, Buchanan, and Waco as a Special Service District. Tallapoosa, Bremen, Buchanan, Waco and Temple will provide curbside service within their respective Incorporated Boundaries.**

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

- Yes (if "Yes," you must attach additional documentation as described, below)
- No

If these conditions will continue under this 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.



## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	Enumerated Revenues per O.C.G.A. 36-70-24 (3) or from any other incorporated revenue source as established by General law by the General Assembly of the state of Georgia where such revenues are established or distributed by the state based on unincorporated population or area
BREMEN, TALLAPOOSA	User Fees
BUCHANAN, WACO	User Fees and Special Service District Tax

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

Pursuant to the provisions of OCGA §36-70-24(3)(B) the cities have agreed that the County may use all or a portion of certain non-enumerated revenue sources for the funding of the County's cost of services of this special service district. The 'agreed non-enumerated' revenue sources, derived from the special service district, that may be used to fund the cost of providing this service in the special service district are limited to the following: Franchise Fees; Energy Excise Tax; Business & Occupational Tax; Railroad Equipment; and Alcohol Excise Tax. If, in the future, the County makes a determination that there is another source of revenue (not specifically enumerated in OCGA §36-70-24(3)(B)) that the County should be permitted to use to fund its cost of services within its special service districts, the County will notify the cities of the proposed revenue source it desires to use. The cities agree, at that time, to promptly enter into good faith negotiation with the County in an effort to reach an agreement for the County's use of said revenue source. If an agreement for use of the proposed revenue source is reached, modifications to the service delivery strategy agreement will be prepared and filed for approval with Department of Community Affairs. Unless, at some time in the future, they become an enumerated revenue source included as a part of the approved revenue sources in OCGA §36-70-24, no portion of LOST taxes or Motor Vehicle Tag Fees shall be used for the funding of costs of services in this special service district.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER, COUNTY CLERK**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

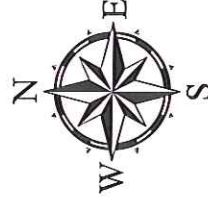
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes  No

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

# Solid Waste Collection Districts

Haralson County,  
Georgia

-  Tallapoosa Service Area
-  Bremen Service Area
-  Haralson County Service Area
-  City Limits
-  County Boundary

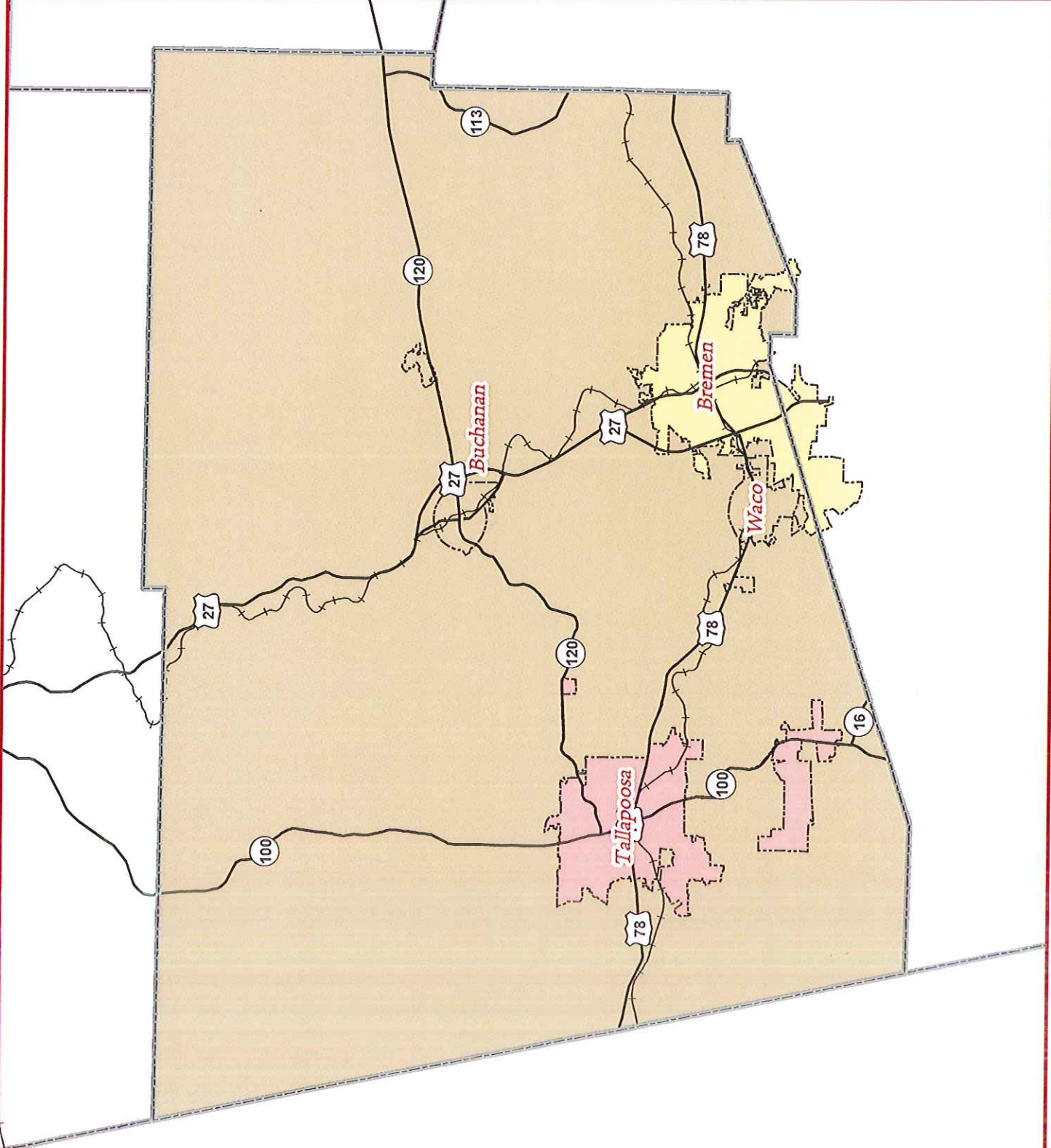


1 inch = 3 miles



**NWGRCC**  
NORTHWEST GEORGIA REGIONAL COMMISSION  
*A Region With A Bright Future*

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**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: *STORMWATER*

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.): **Haralson County, Bremen, Tallapoosa, Buchanan, Waco, Temple**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	From Enumerated Revenue Sources per OCGA § 36-70-24(3)
Bremen	Municipal General Funds and Enterprise Funds, as available
Tallapoosa	Municipal General Funds and Enterprise Funds, as available
Buchanan	Municipal General Funds and Enterprise Funds, as available
Temple	Municipal General Funds and Enterprise Funds, as available
Waco	Municipal General Funds and Enterprise Funds, as available

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

Service not listed on previous SDS.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **ALISON PALMER**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: TRANSIT

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.): **HARALSON 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
HARALSON COUNTY	GENERAL FUNDS, STATE & FEDERAL FUNDS

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

Previously known as Public Transportation

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: VOTER REGISTRATION

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.): **Haralson County, Bremen, Buchanan, Tallapoosa, Temple, Waco.**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.



**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County	General Funds
Bremen	Municipal General Funds
Buchanan	Municipal General Funds
Tallapoosa	Municipal General Funds
Temple	Municipal General Funds
Waco	Municipal General Funds

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

The County will enter into IGA if the municipalities wish the county to conduct voter registration with the Municipalities covering the cost.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: **2/17/2017**

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

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



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: HARALSON

Service: WATER SUPPLY / DISTRIBUTION

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

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

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

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

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

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

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

If these conditions will continue under this 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.

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Haralson County Water Authority	User Fees within Service District, grants, SPLOST, Enterprise Funds
Bremen	User Fees, Municipal Revenues, SPLOST, Enterprise Funds
Tallapoosa	User Fees, Municipal Revenues, SPLOST, Enterprise Funds
Temple	User Fees, Municipal Revenues, SPLOST
Waco	User Fees, Municipal Revenues, SPLOST
Buchanan	User Fees, Municipal Revenues, SPLOST

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

Service has expanded since the last SDS.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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

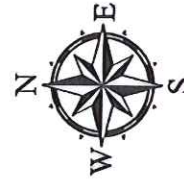
7. Person completing form: **Alison Palmer, County Clerk**  
 Phone number: **770-646-2002**      Date completed: 2/17/2017

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

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

# Water Service Delivery Areas Haralson County, GA

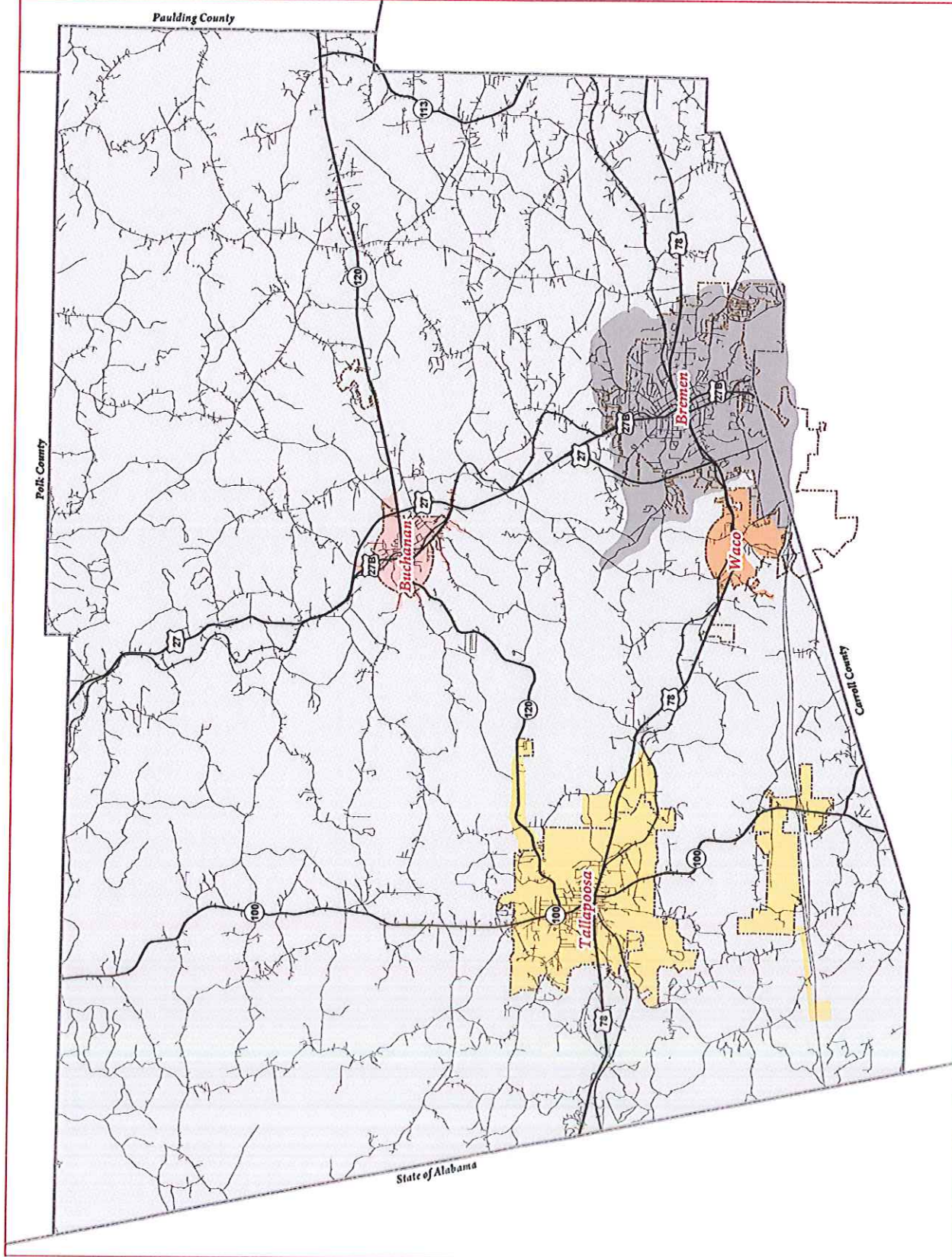
- Roads
- Highways
- Railroads
- City Limits
- Haralson County Water Authority
- Buchanan Water Service Area
- Bremen Water Service Area
- Waco Water Service Area
- Tallapoosa Water Service Area



1 in = 2 miles

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**SERVICE DELIVERY STRATEGY**

**FORM 3: Summary of Land Use Agreements**

**Instructions:**

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

**COUNTY: HARALSON**

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:

- Amendments to existing comprehensive plans
- Adoption of a joint comprehensive plan
- Other measures (amend zoning ordinances, add environmental regulations, etc.)

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

N/A

**NOTE:**

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

3. 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? HARALSON COUNTY AND IT'S MUNICIPALITIES HAVE A DISPUTE RESOLUTION PROCESS THAT WAS SIGNED IN 1998 THAT IS STILL IN EFFECT

4. Person completing form: **ALISON PALMER, COUNTY CLERK**

Phone number: **770-646-2002**      Date completed: 2/17/2017

5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes  No

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

9

Service Delivery Strategy Dispute Resolution Process  
[See O.C.G.A. 36-70-24 (4) (c)]

The City of Sumner and Haralson County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within ten working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its *bona fide* objection(s) to the city's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.

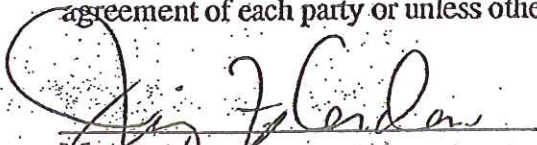
3. If the county notifies the city that it has a *bona fide* land use classification objection(s), {As defined in O.C.G.A. 36-36-11(b)}, the city will respond to the county in writing within twenty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.

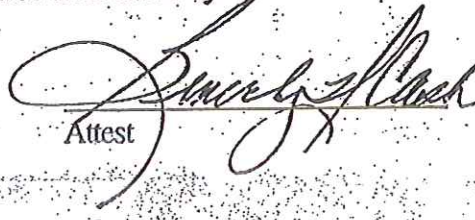
4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
  
5. On or after July 1, 1998, an annexation shall not be effective until any *bona fide* land use classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
  
6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

7. The chief elected official of the county and city and his or her designee shall receive official notifications and correspondence on matters covered by this agreement.

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

  
 Mayor  
 City of Primer

 June 1, 1998  
 Attest Date

  
 Commissioner  
 Haralson County

 June 30, 1998  
 Attest Date

Service Delivery Strategy Dispute Resolution Process  
[See O.C.G.A. 36-70-24 (4) (c)]

The City of Buchanan and Haralson County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within ten working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its *bona fide* objection(s) to the city's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.

3. If the county notifies the city that it has a *bona fide* land use classification objection(s), {As defined in O.C.G.A. 36-36-11(b)}, the city will respond to the county in writing within twenty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.



4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
  
5. On or after July 1, 1998, an annexation shall not be effective until any *bona fide* land use classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
  
6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

7. The chief elected official of the county and city and his or her designee shall receive official notifications and correspondence on matters covered by this agreement.

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Ms. Clovis B. Memon

Mayor  
City of Buchanan

Carl Steffas

Attest

6-16-98

Date

Chris Sparks

Commissioner  
Haralson County

Charlene Smith

Attest

6/19/98

Date



***Haralson County***  
***Board of Commissioners***  
H. Allen Poole  
***Chairman/C.E.O.***

**A RESOLUTION OF THE HARALSON COUNTY BOARD OF COMMISSIONERS FOR THE PURPOSE OF ADOPTING AN AMENDMENT TO THE SERVICE DELIVERY STRATEGY FOR HARALSON COUNTY AND THE CITIES OF BREMEN, BUCHANAN, TALLAPOOSA AND WACO.**

WHEREAS, Haralson County and the Cities of Bremen, Buchanan, Tallapoosa and Waco adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at O. C. G. A. §36-70-20) which document was executed in December 1999; and

WHEREAS, the Cities of Bremen, Buchanan, Tallapoosa and Waco, along with Haralson County, desire to amend the Recreation, Sanitation, Fire and Permits/Marshal.

WHEREAS, this amendment has no effect on the other services covered in the existing Agreement; and

WHEREAS, Haralson County finds it to be in the public interest to approve this amendment;

NOW THEREFORE BE IT RESOLVED, and it is hereby resolved by the Board of Commissioner of Haralson County that the amendment to the Service Delivery Strategy applicable to Haralson County and the Cities of Bremen, Buchanan, Tallapoosa and Waco is approved, that the transmission of the revised strategies attached hereto to the Department of Community Affairs is approved, County Commission Chair is authorized to execute this resolution and any necessary paperwork and submit same to DCA.

SO RESOLVED this 27<sup>th</sup> day of February 2017.

COUNTY OF HARALSON

H. Allen Poole, Chairman/CEO

ATTEST:

Alison Palmer, County Clerk

RESOLUTION

WHEREAS, Haralson County and the Cities of Bremen, Buchanan, Tallapoosa, and Waco, Georgia adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at O.C.G.A. §36-70-20) which document was executed in December, 1999; and

WHEREAS, the Cities of Bremen, Buchanan, Tallapoosa, and Waco, Georgia along with Haralson County desire to amend the Service Delivery Strategy agreement (a copy of which is made a part of this resolution); and

WHEREAS, the City of Bremen, Georgia finds it to be in the public interest to approve this amendment; and

WHEREAS, the City of Bremen, Georgia declares that it agrees with the use of certain "Non-enumerated Revenues" to pay for Haralson County's Special Service Districts, specifically Franchise Fees (as shown in the FY '17 budget as \$6,000), Energy Excise (as shown in the FY '17 budget as \$38,000), Business & Occupational (as shown in the FY '17 budget as \$33,000), Railroad Equipment (as shown in the FY '17 budget as \$12,837), and Alcohol Excise (as shown in the FY '17 budget as \$78,000). Any other "Non-enumerated Revenues" shall be negotiated as from time to time as necessary and shall prompt a revision of the Service Delivery Strategy; and

WHEREAS, the use of Local Options Sales Tax (LOST) and Title Tag Fees are specifically not agreed to as a funding source for Haralson County's Special Service Districts; and

NOW THEREFORE BE IT RESOLVED, by the Mayor and City Council of the City of Bremen, Georgia, that the amendment to the Service Delivery Strategy applicable to Haralson County and the Cities of Bremen, Buchanan, Tallapoosa, and Waco is approved by the Mayor and Council of the City of Bremen, subject to the stipulation that 1) the above-listed non-enumerated revenue sources are shown in the summary of agreements and 2) that LOST funds and motor vehicle title tag fees are not to be considered as revenue sources for the funding of cost of services in special delivery districts. Said stipulations are to be included in Section 4 of the Summary Sheets prior to submission and transmission of said revised agreement to the Georgia Department of Community Affairs (DCA). The Mayor of the City of Bremen is authorized to execute this resolution and any necessary documents and submit the same to DCA.

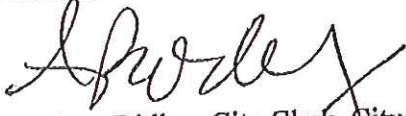
SO RESOLVED this 27<sup>th</sup> day of February, 2017.

BY:



Sharon Sewell, Mayor, City of Bremen, GA

ATTEST:

A handwritten signature in cursive script, appearing to read "A. Ridley".

Amy Ridley, City Clerk, City of Bremen, GA

# City of Buchanan

POST OFFICE BOX 6  
BUCHANAN, GEORGIA 30113  
TELEPHONE (770) 646-3081 • FAX (770) 646-7748

Johnny Pope, **Mayor**  
Stanley Freeland, **Mayor Pro Tem**  
Betty Harvell, **City Clerk**

**Council Members**  
Patty Hutcheson  
Greg Lane  
A.J. Scott

A RESOLUTION OF THE CITY COUNCIL OF BUCHANAN FOR PURPOSE OF ADOPTING AN AMENDMENT TO SERVICE DELIVERY STRATEGY FOR HARALSON COUNTY AND THE CITIES OF BREMEN, BUCHANAN, TALLAPOOSA AND WACO, ADOPTED AT THE CALLED MEETING OF THE CITY COUNCIL ON THE 27<sup>TH</sup> DAY OF FEBRUARY, 2017.

**WHEREAS**, Haralson County and the Cities of Bremen, Buchanan, Tallapoosa and Waco adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at O. C. G. A. §36-70-20) which document was executed in December 1999; and

**WHEREAS**, the Cities of Bremen, Buchanan, Tallapoosa and Waco, along with Haralson County, desire to amend Recreation, Sanitation, Fire, Permit/Marshall service areas.

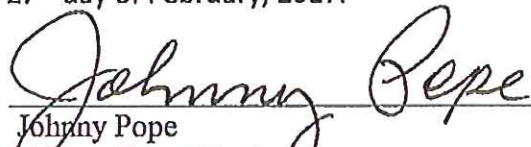
**WHEREAS**, this amendment has no effect on the other services covered in the existing Agreement; and

**WHEREAS**, the City of Buchanan/ Haralson County finds it to be in the public interest to approve this amendment;


**NOW THEREFORE BE IT RESOLVED**, and it is hereby resolved by the City Council of Buchanan, that the amendment to the Service Delivery Strategy applicable to Haralson County and the Cities of Bremen, Buchanan, Tallapoosa and Waco is approved, that the transmission of the revised strategies attached hereto to the Department of Community Affairs is approved, that the Mayor is authorized to execute this resolution and any necessary paperwork and submit same to DCA.

Resolved, this 27<sup>th</sup> day of February, 2017.

BY:

  
\_\_\_\_\_  
Johnny Pope  
Mayor, City of Buchanan

ATTEST:

  
\_\_\_\_\_  
Betty Harvell  
City Clerk, City of Buchanan

## RESOLUTION

WHEREAS, Haralson County and the Cities of Bremen, Buchanan, Tallapoosa, and Waco, Georgia adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at O.C.G.A. §36-70-20) which document was executed in December, 1999; and

WHEREAS, the Cities of Bremen, Buchanan, Tallapoosa, and Waco, Georgia along with Haralson County desire to amend the Service Delivery Strategy agreement (a copy of which is made a part of this resolution); and

WHEREAS, the City of Tallapoosa, Georgia finds it to be in the public interest to approve this amendment; and


WHEREAS, the City of Tallapoosa, Georgia declares that it agrees with the use of certain "Non-enumerated Revenues" to pay for Haralson County's Special Service Districts, specifically Franchise Fees (as shown in the FY '17 budget as \$6,000), Energy Excise (as shown in the FY '17 budget as \$38,000), Business & Occupational (as shown in the FY '17 budget as \$33,000), Railroad Equipment (as shown in the FY '17 budget as \$12,837), and Alcohol Excise (as shown in the FY '17 budget as \$78,000). Any other "Non-enumerated Revenues" shall be negotiated as from time to time as necessary and shall prompt a revision of the Service Delivery Strategy; and

WHEREAS, the use of Local Options Sales Tax (LOST) and Title Tag Fees are specifically not agreed to as a funding source for Haralson County's Special Service Districts; and

NOW THEREFORE BE IT RESOLVED, by the Mayor and City Council of the City of Tallapoosa, Georgia, that the amendment to the Service Delivery Strategy applicable to Haralson County and the Cities of Bremen, Buchanan, Tallapoosa, and Waco is approved by the Mayor and Council of the City of Tallapoosa, subject to the stipulation that 1) the above-listed non-enumerated revenue sources are shown in the summary of agreements and 2) that LOST funds and motor vehicle title tag fees are not to be considered as revenue sources for the funding of cost of services in special delivery districts. Said stipulations are to be included in Section 4 of the Summary Sheets prior to submission and transmission of said revised agreement to the Georgia Department of Community Affairs (DCA). The Mayor of the City of Tallapoosa is authorized to execute this resolution and any necessary documents and submit the same to DCA.

SO RESOLVED this 28<sup>th</sup> day of February, 2017.

BY:

  
William "Pete" Bridges, Mayor  
City of Tallapoosa, GA

ATTEST:

  
Polly Smith, City Clerk  
City of Tallapoosa, GA



185 Atlanta Avenue  
P.O. Box 201  
Waco, Georgia 30182

Phone 770.537.3314  
Fax 770.537.6505  
wacosam@bellsouth.net

A RESOLUTION OF THE WACO CITY COUNCIL FOR THE PURPOSE OF ADOPTING AN AMENDMENT TO THE SERVICE DELIVERY STRATEGY FOR HARALSON COUNTY AND THE CITIES OF BREMEN, BUCHANAN, TALLAPOOSA, AND WACO, ADOPTED AT THE REGULAR MEETING OF THE WACO CITY COUNCIL ON THE 13<sup>TH</sup> OF FEBRUARY, 2017.

WHEREAS, Haralson County and the cities of Bremen, Buchanan, Tallapoosa, and Waco adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at O.C.G.A. §36-70-20) which document was executed in December 1999; and

WHEREAS, the cities of Bremen, Buchanan, Tallapoosa, and Waco, along with Haralson County, desire to amend the Recreation, Sanitation, Fire, and Permits/Marshall service areas.

WHEREAS, the City of Waco finds it to be in the public interest to approve this amendment;

NOW THEREFOR BE IT RESOLVED, and it is hereby resolved by the Waco City Council, that the amendment to the Service Delivery Strategy applicable to Haralson County and the Cities of Bremen, Buchanan, Tallapoosa, and Waco is approved, that the transmission of the revised strategies attached hereto to the Department of Community Affairs is approved, that the Mayor is authorized to execute this resolution and any necessary paperwork and submit same to DCA.

SO RESOLVED this 28<sup>th</sup> day of February, 2017

CITY OF WACO

A handwritten signature in black ink that reads "Travis Prichard". The signature is written in a cursive style.

MAYOR, Travis Prichard

ATTEST:

A handwritten signature in black ink that reads "Kimberly Edwards". The signature is written in a cursive style.

Kimberly Edwards, City Clerk



**SERVICE DELIVERY STRATEGY**

**FORM 4: Certifications**

**Instructions:**

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

**COUNTY: HARALSON**

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>BREMEN</u>	MAYOR	SHARON SEWELL	<i>Sharon Sewell</i>	2/27/17
<u>BUCHANAN</u>	MAYOR	JOHNNY POPE	<i>Johnny Pope</i>	2/27/17
<u>HARALSON COUNTY</u>	CHAIRMAN/CEO	H. ALLEN POOLE	<i>H. Allen Poole</i>	2/27/17
<u>TALLAPOOSA</u>	MAYOR	WILLIAM BRIDGES	<i>William P. Bridges</i>	2/27/17
<u>WACO</u>	MAYOR	TRAVIS PRITCHARD	<i>Travis Pritchard</i>	2/27/17



The following agreement from August 1, 2014 sets up 4 services as Special Service Districts within Haralson County. They are:

Fire

Parks & Recreation

Permits/Marshal

Solid Waste / Sanitation

HARALSON COUNTY  
STATE OF GEORGIA

**INTERGOVERNMENTAL AGREEMENT**  
**FOR SERVICE DELIVERY STRATEGY UPDATE 2014**

THIS AGREEMENT is made and entered into effective this the 1<sup>st</sup> day of August, 2014, by and between Haralson County, Georgia (hereinafter sometimes "the County"), the City of Bremen, Georgia (hereinafter sometimes "Bremen"), the City of Tallapoosa, Georgia (hereinafter sometimes "Tallapoosa"), the City of Buchanan (hereinafter sometimes "Buchanan"), the City of Waco (hereinafter sometimes "Waco"), and the City of Temple (hereinafter sometimes "Temple") (all sometimes referred to collectively as "the Parties"), each acting by and through its duly-elected or appointed officials do agree as follows:

**WITNESSETH:**

WHEREAS, the Georgia Code at O.C.G.A. § 36-70-20, et seq., requires local governing authorities within each county in the state to enter into a Service Delivery Strategy ("SDS") agreement in order to insure the efficient provision of government services to the citizens of each county; and

WHEREAS, the local government authorities in Haralson County, including the Parties hereto, desire to amend and update it SDS Agreement, by Intergovernmental Agreement by and between the Parties as required by Georgia law.

NOW THEREFORE, for and in consideration of each party's contributions to the welfare of the citizens within Haralson County and the municipalities located therein, and for other good and valuable considerations between these parties, they do agree as follows:

1.

This Agreement shall be construed as an intergovernmental contract for services as generally authorized pursuant to the laws and Constitution of the State of Georgia. Specifically, this Agreement is entered into pursuant to the authority of Ga. Const. Art. 9, Sec. 3, Para. 1, and related laws concerning intergovernmental agreements and associated issues. Furthermore, this Agreement is entered into to update certain services and how they are to be accomplished pursuant to the SDS Act, O.C.G.A. § 36-70-20, et seq. This Agreement is intended to set forth the terms and provisions of, and to function as an amendment to, the SDS agreement between the local government authorities in and including Haralson County, Georgia. The Agreement shall be liberally construed for these purposes.

2.

The County is a public body corporate and politic, duly created, organized, and existing as a political subdivision of the State of Georgia under the laws and the Constitution of the State of Georgia. The County has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by the County, its agents, servants, employees, contractors, and/or assigns.

3.

Bremen is a public body corporate and politic, duly created, organized, and existing under the laws of this State. Bremen has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by Bremen, its agents, servants, employees, contractors, and/or assigns.

4.

Tallapoosa is a public body corporate and politic, duly created, organized, and existing under the laws of this State. Tallapoosa has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by Tallapoosa, its agents, servants, employees, contractors, and/or assigns.

5.

Buchanan is a public body corporate and politic, duly created, organized, and existing under the laws of this State and is the official county seat of government for Haralson County, Georgia. Buchanan has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by Buchanan, its agents, servants, employees, contractors, and/or assigns.

6.

Waco is a public body corporate and politic, duly created, organized, and existing under the laws of this State. Waco has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by Waco, its agents, servants, employees, contractors, and/or assigns.

7.

Temple is a public body corporate and politic, duly created, organized, and existing under the laws of this State. Temple has taken all appropriate actions at a meeting duly called and held pursuant to Georgia law to approve this Agreement and to authorize the performance required hereby by Temple, its agents, servants, employees, contractors, and/or assigns.

8.

**County Library:** The Buchanan public library shall be designated as the Haralson County Library. The Haralson County Library shall be the repository for historical records of the government of Haralson County and shall continue to be funded at its present funding level by general funds of the County.

9.

**Recreation Programs:** The County shall establish a Special Service Delivery District for Recreational Programs for the unincorporated area of Haralson County and any city of Haralson County electing to be included in said District by intergovernmental agreement and receive the benefit of said services.

10.

**Roads:** The County agrees to the concept of providing road maintenance, repair, cutting and patching in each city and will comply as feasible, within the operating and budgetary confines, with requests from the city that are within the scope of those services as provided in the unincorporated areas. The County agrees to maintain/share information regarding the cost of these services for each city.

11.

**Licenses and Permits (Codes Enforcement) and Regional Commission Dues:**  
The County shall create Special Service Districts for the following County services: Licenses and Permits (Codes Enforcement) and Regional Commission Dues.

12.

**Sanitation Services:**

a) The County shall establish a Solid Waste Disposal Special Service District to provide for garbage collection and disposal in the unincorporated areas of Haralson County for the disposal of any household garbage and household waste at County Convenience Centers. Any city resident (not a part of the District) desiring to utilize the facility of the County Convenience Centers shall be allowed to do so upon payment of a uniform fee to be charged by the County.

b) The cities of Tallapoosa, Waco, Buchanan, Bremen, and Temple shall continue to provide solid waste disposal services within their respective geographic boundaries and the resident users of the services located within said cities shall be responsible for the payment of the costs of said services as provided within the boundaries of their respective cities. A city or cities may by intergovernmental agreement elect to join the County's Solid

Waster Disposal Special Service District, in which event, the taxpayers of that respective city would be responsible to share in the cost of providing the service within the District.

13.

**Fire Protection:** The County shall establish a Special Service Delivery District to be known as the Haralson County Fire Protection Services ("FPS") District geographically composed solely of the Unincorporated Area of Haralson County. The cities of Waco and Buchanan, and that portion of the city of Temple located within Haralson County may elect, by intergovernmental agreement with the County, to participate on a fee basis and receive fire protections services from the County.

a) Within the FPS District, the County shall be the primary and sole supplier of FPS (subject to contracted mutual aid agreements with the cities of Tallapoosa and Bremen and adjacent jurisdictions).

b) Tallapoosa shall continue to provide FPS within its geographic boundaries; and the taxpayers located within the city of Tallapoosa shall be responsible for the payment of the costs of the fire protection services provided by the city of Tallapoosa.

c) Bremen shall continue to provide FPS within its geographic boundaries; and the taxpayers located within the city of Bremen shall be responsible for the payment of the costs of the FPS provided by the city of Bremen.

d) Subject only to the cost requirements associated with mutual aid agreements, the taxpayers located within the FPS District shall not be liable or responsible for payment of any of the costs of FPS provided in the cities of Tallapoosa or Bremen; and the taxpayers of Haralson County located within the cities of Bremen and Tallapoosa shall not be liable or responsible for payment of any of the costs of FPS provided in the FPS District.

14.

**Funding:** Any Special Service Delivery District provided for herein shall be funded by the taxpayers located within the unincorporated area of the County and also by taxpayers located within the boundaries of any city electing to be included within said District and receive the benefits of the services of said District by intergovernmental agreement between the County and the respective city. Additionally, the County may fund its Special Service Delivery Districts through its share of LOST proceeds attributable to the unincorporated area of the County and any other funds as provided by State Law designated for the funding of Special Service Delivery Districts.

15.

**Further Negotiation for Funding of City Inmate Services in County Jail Facilities:** The County by and within this agreement does provide all municipalities fair and adequate notice that the County shall and will cease providing jail services for municipal prisoners in the County Jail at the end of sixty days of the signing of this agreement without an intergovernmental agreement ratified and signed within sixty days of the signing of this agreement. The aforementioned intergovernmental agreement for jail services shall provide full cost recovery for the housing and medical cost of all municipal inmates.

16.

**Update of SDS Agreement:** Upon approval and execution of this Intergovernmental Agreement by the parties as required by State Law, said Agreement shall be submitted to the Department of Community Affairs of the State of Georgia as an agreed update of the Service Delivery Strategy Agreement for Haralson County, Georgia.

17.

This writing contains the entire Agreement of the parties concerning the matters contained herein. No modification or change in any manner of the terms, provisions, or conditions of this Agreement shall be effective unless reduced to writing and attached hereto. This Agreement shall be binding upon the parties, their respective successors, legal representatives, and assigns.

18.

In the event any portion of this Agreement should be determined to be invalid, then the remaining portions thereof shall remain in full force and effect, to the extent allowed by applicable law. In the event this Agreement in its entirety is no longer authorized nor allowed due to any act of federal or state law, or any provisions that would materially affect the enforceability of this Agreement, this Agreement shall be null and void.

19.

In addition to any and all legal or equitable remedies available to the parties in the event of a breach of this agreement, all Parties shall have the right to seek specific performance of the other Parties' duties and obligations hereunder.

IN WITNESS WHEREOF, the Parties (based upon the authority vested in the officers executing this Agreement by their respective governing authorities) have signed this Agreement. Effective on the day and year first above written.

HARALSON COUNTY, GEORGIA

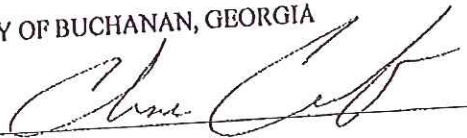
Walter Soole  
By:  
Its: Chairman of the Board of Commissioners  
Attest: Alison Palmer

SIGNATURES OF CITY REPRESENTATIVES CONTINUED ON NEXT PAGE



SIGNATURE PAGE FOR CITY OF BUCHANAN FOR INTERGOVERNMENTAL  
AGREEMENT FOR SERVICE DELIVERY STRATEGY UPDATE 2014

CITY OF BUCHANAN, GEORGIA

  
\_\_\_\_\_

By:  
Its: Mayor

  
\_\_\_\_\_

Attest:  
Its: City Clerk

**SIGNATURE PAGE FOR CITY OF BREMEN FOR INTERGOVERNMENTAL  
AGREEMENT FOR SERVICE DELIVERY STRATEGY UPDATE 2014**

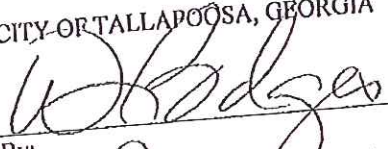
CITY OF BREMEN, GEORGIA

Sharon Jewell  
By: \_\_\_\_\_  
Its: Mayor

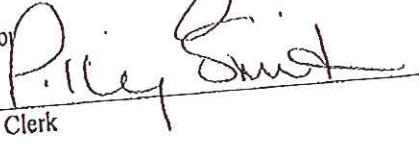
[Signature]  
Attest: \_\_\_\_\_  
Its: City Clerk

SIGNATURE PAGE FOR CITY OF TALLAPOOSA FOR INTERGOVERNMENTAL  
AGREEMENT FOR SERVICE DELIVERY STRATEGY UPDATE 2014

CITY OF TALLAPOOSA, GEORGIA

  
\_\_\_\_\_

By:  
Its: Mayor

  
\_\_\_\_\_

Attest:  
Its: City Clerk

SIGNATURE PAGE FOR CITY OF WACO FOR INTERGOVERNMENTAL  
AGREEMENT FOR SERVICE DELIVERY STRATEGY UPDATE 2014

CITY OF WACO, GEORGIA

*Paul Richard*

By:

Its: Mayor

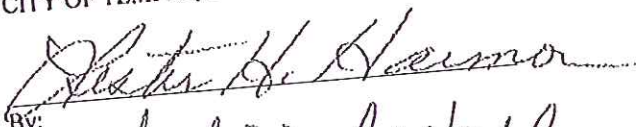
Attest:

Its: City Clerk

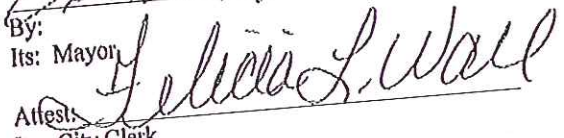
*Kimberly Clewley*

**SIGNATURE PAGE FOR CITY OF TEMPLE FOR INTERGOVERNMENTAL  
AGREEMENT FOR SERVICE DELIVERY STRATEGY UPDATE 2014**

CITY OF TEMPLE, GEORGIA



By:  
Its: Mayor



Attest:  
Its: City Clerk