

# HOUSE BILL 489

## SERVICE DELIVERY STRATEGY



Submitted to the  
Georgia Department of Community Affairs  
In Compliance with HB 489 Legislation

**TOWNS COUNTY**  
**H.B. 489**  
**SERVICE DELIVERY**  
**STRATEGY**

**Cities of Hiawassee & Young Harris**

**2011**

**TOWNS COUNTY  
SERVICE DELIVERY STRATEGY  
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# **SECTION - 1**

**TOWNS COUNTY  
SERVICE DELIVERY STRATEGY  
COUNTY & CITY OFFICIALS**

**Towns County**

Bill Kendall  
Sole Commissioner  
Towns County Commission  
48 River Street, Suite B  
Hiawassee, Ga. 30546

**Hiawassee**

Barbara Mathis  
Mayor  
City of Hiawassee  
PO Box 549  
Hiawassee, Ga. 30546

**City Council:**

Janet Allen  
Jay Chastain, Jr.  
Joan Crothers  
Patricia Smith  
Stephen Smith

**Young Harris**

Andrea Gibby  
Mayor  
City of Young Harris  
PO Box 122  
Young Harris, Ga. 30582

**City Council:**

Terry Ingram  
John Kelley  
Donald Keys  
Matt Miller  
Stuart Miller  
David Sellers

# **SECTION - 2**





**SERVICE DELIVERY STRATEGY  
FORM 1**

**COUNTY: TOWNS COUNTY**

**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 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: #00AEEF; color: white; padding: 10px; margin-top: 10px; text-align: center;"> <p><i>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.servicedelivery.org" style="color: white;">www.dca.servicedelivery.org</a>, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></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. Email the completed forms and any attachments as .pdf attachments to: [pemd.opqga@dca.ga.gov](mailto:pemd.opqga@dca.ga.gov), or mail the completed forms along with any attachments to:
 

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS**  
**OFFICE OF PLANNING AND QUALITY GROWTH**  
**60 Executive Park South, N.E.**  
**Atlanta, Georgia 30329**

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

TOWNS COUNTY  
HIAWASSEE  
YOUNG HARRIS  
TOWNS COUNTY WATER AUTHORITY

**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 can continue as previously agreed with no need for modification.

**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.

Animal Control	Jail
Board of Equalization	Jury
Chamber of Commerce/Tourism Association	Law Enforcement
City Court	Library Services
Clean and Beautiful	Magistrate Court
Clerk of Court	Maintenance Shop
Coroner Services	Planning and Zoning
Dept of Family and Children Services	Probate Court
E911	Public and Mental Health
Economic Development	Public Defender
Election Services	Public Works
Emergency Management Services	Recreation
Emergency Medical Services	Road Maintenance and Construction
Extension Services	Senior Citizens Program
Tax Collection	Water
Fire Protection Services	Sewer
Tax Assessment	Solid Waste Management
Superior Court	

# **SECTION - 3**



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: TOWNS COUNTY

Service: *Animal Control*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Humane Society's Mountain Shelter and other various animal groups.**

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.): **Towns County**

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>
Towns County	General Fund

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

Towns County Government joins with the Union County Government in providing funding for the Humane Society Mountain Shelter to provide shelter services for both the unincorporated and incorporated areas of Towns County. Towns County also provides some funding for Animal Groups such as Whiskers, PUPS, and Castaway Critters. These groups service all areas of the county. The Towns County Spay and Neuter Program is funded by Towns County and is open to any resident- incorporated or unincorporated.

The Towns County Government has Animal Control Ordinance. This ordinance is enforced by 2 on-call animal control officers, rabies control officer, the local sheriff's department, and the Probate Judge. It is only for unincorporated areas of the county. Hiawassee and Young Harris currently have no animal control in place.

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>
Animal Control SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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?

Dangerous Dog and Rabies Ordinance and the First Amendment to the Dangerous Dog and Rabies Ordinance  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:

**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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:**TOWNS COUNTY

**Service:***Board of Equalization*

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.):**Towns 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>
Towns County	General Fund

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

The Board of Equalization services is funded by the general fund of Towns County. It is appointed and regulated by state regulations. The services of the board are for all citizens of Towns County including incorporated areas and unincorporated areas.

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>
BOE SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



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: TOWNS COUNTY

Service: CHAMBER OF COMMERCE/TOURISM ASSOCIATION

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.): **Towns County Chamber of Commerce/Tourism Association**

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>
Towns County	Hotel/Motel Tax
Hiawassee	Hotel/Motel Tax

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

Chamber of Commerce sistering with the Tourism Association provides support services to the entire county (both unincorporated and incorporated areas) for economic development: including tourism, industry recruitment and retention and public relations. This is funded by the Hotel/Motel Tax collected in both Towns County and the City of Hiawassee. The county owns the building in which the Chamber is housed and lease the building to the Chamber.

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>	
Chamber of Commerce SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Lease COC and Towns	Towns County/Chamber/Tourism Association	10/31/2010	10/31/2020

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?

Ordinance providing for 5% Hotel/Motel tax in both Towns County and the City of Hiawassee.  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY

Service: *City Court*

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

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

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

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

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

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>
City of Hiawassee	General Fund

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

The City of Hiawassee provides municipal court for its jurisdiction. The City of Young Harris does not provide court services. Towns County provides Superior, Probate, and Magistrate Court for all residents - both incorporated and unincorporated.

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>
City Court SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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

Local Rule  
State Law  
Resolution

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



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: TOWNS COUNTY

Service: *Clean and Beautiful*

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.): **Towns 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.): **Towns County; Hiawasse; Young Harris**

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>
Towns County	General Fund
Young Harris	General Fund
Hiawassee	General Fund

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

The County runs a volunteer program "Adopt-A-Highway". The garbage collected by these volunteers is disposed of by county workers at no charge. Each city has its own "Clean and Beautiful" projects. These services are also supplemented with inmate labor.

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>
Clean and Beautiful SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

Adopt-A-Highway Program Guidelines  
 Litter Control Ordinance  
 State Law  
 Young Harris Junk and Litter Ordinance  
 Hiawassee Junk Ordinance  
 Hiawassee Litter Ordinance

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: Clerk of Court Services**

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

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

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

The Clerk of Court services are provided countywide by Towns County. The operational, personnel and housing costs are covered by Towns County. The service is available to all county residents both in incorporated municipal governments and unincorporated Towns County.

The City of Hiawassee provides the Clerk of Court Services for City Court.

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>
Clerk of Court SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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

Local Rule  
 State Law  
 Resolution

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: *Coroner Services***

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

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

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

The Coroner is an elected office that serves all portions of Towns County ( both corporated and unincorporated). The coroner has appointed 2 deputy coroners to assist with this position. Coroner Service and all training associated with the position is financially funded from the general fund of Towns County.

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>
Coroner SDS	Towns County; Hiawasse; Young Harris	10/31/2010      10/31/2020

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

Local Rule, State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: Department of Family and Children Services**

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

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

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

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

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

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

2. In developing 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>
Towns County	General Fund
State	General Fund

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

Department of Family and Children Services are operated, housed and funded under a state program with financial support from the county. A variety of services under this program are provided to the poor, homeless and needy residents of Towns County.

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>
DeFACS SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: E-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.): **Towns 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>
Towns County	General Fund and Subscriber (both landline and wireless) Fees

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

This program is operated by Towns County at 1100 Jack Dayton Circle, Young Harris, Georgia. It is funded by the county's general fund and by fees added to landline phones. A fee is also added to wireless phones to provide funding for an enhanced 911 system. This program services both the unincorporated and incorporated areas of Towns County.

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>
E911 SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law  
 Resolution Wireless Fees  
 Resolution Landline

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**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.): **Towns County; City of Hiwassee; City of Young Harris**

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>
Towns County	Hotel/Motel Tax, General Fund, and SPLOST
Young Harris	General Fund
Hiawassee	Hotel/Motel Tax, General Fund

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

Services are provided through the Towns County Industrial Development Authority, the Chamber of Commerce, the Joint Development of Towns, Union, and Fannin Counties, and the Tourism Authority. These are all funded differently with each municipality and the county government providing assistance. Towns County also included Economic Development as a SPLOST project on the referendum.

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>	
Chamber of Commerce SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Joint Development Auth Agree	Towns, Union, Fannin County	10/31/2010	10/31/2020

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?

Resolution forming Towns County Development Authority  
 Hotel/Motel Ordinance - Towns County; Hiawassee  
 Resolution Joint Development Authority  
 Resolution Calling for SPLOST Referendum

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

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COUNTY: TOWNS COUNTY

Service: *Elections*

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.): **Towns County ; Hiwassee; Young Harris**

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>
Towns County	General Fund
Hiawassee	General Fund
Young Harris	General Fund

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

All county-wide, state, and federal elections are held at the expense of Towns County. Elections within the municipalities are funded by these respective units of government, and particularly address those issues of municipal concern.

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>
Election SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020
Election Agreement	Board of Elections and Young Harris	
Election Agreement	Board of Elections and Hiawassee	

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?

State Law  
 Towns County Ordinance Enhancing Accessibility to Ballot  
 Local Legislation passed by referendum forming the Towns County Election Board

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

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COUNTY: TOWNS COUNTY

Service: *Emergency Management Services*

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

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

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

Towns County has an Emergency Management Director in place who oversees all the Emergency Management county-wide for both corporated and unincorporated areas of Towns County. He is responsible for making sure that the county's Emergency Management Plans meet all state requirements and regulations. There are state agreements in place through the Georgia Emergency Management Agency to have surrounding counties offer support during times of need.

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>	
Emergency Management SDS	Towns County	10/31/2010	10/31/2020
GEMA Area Agreement	GEMA Area One Counties as shown by attached maps		

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?

State Law  
 Local Emergency Operations Plan (updated every 4 years due to be updated 10-29-2012)  
 Towns County Hazard Mitigation Plan (updated according to state guidelines)

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

**Instructions:**

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COUNTY:TOWNS COUNTY

Service:Emergency Medical Services

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Towns 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>
Towns County	General Fund ; Private Donations; Fire Tax Revenue; SPLOST

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

Emergency Medical Services are provided by Towns County for both unincorporated and incorporated areas of the county. The county operates two EMS stations, one on the west side of the county and one on the east side. There are two manned ambulances at all times. It is funded by the county's general fund and by a few private donations. Funds for ambulances and other equipment have also been included in the SPLOST referendum. Towns County Fire & Rescue provide first responder care and aid to the EMS dept on Medical Calls. There are mutual aid agreements in place with surrounding counties ( through the GEMA Areas) There is also a mutual aid agreement in place with Clay County,NC. Towns County also has an agreement in place with Rabun Co to provide assistance on any calls to the Tate City area due to the location and proximity of that community to the Rabun Co line.

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>
Emergency Medical SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020
Mutual Aid Agreement	Towns County EMS and Rabun Co EMS	
Mutual Aid Agreement	Towns County EMS and Clay Co EMS	

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?

State Law  
 Local Legislation  
 Resolution Calling for SPLOST election in Towns County

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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:**TOWNS COUNTY

**Service:***Extension Services*

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Towns 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>
Towns County	General Fund
Towns County Board of Education	Allocated Funds
University of Georgia	Allocated Funds

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

Extension Office is located in a county building adjacent to the Towns County Courthouse. The office offers services uniformly to all areas of the county both incorporated and unincorporated. The service is funded by Towns County, the Board of Education, and by the University of Georgia.

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>
Extension Service SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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?

State and Federal Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY

Service: Fire Protection

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

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

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

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

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

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

2. In developing 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>
Towns County	Fire Tax Revenue, General Fund and SPLOST

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

Attached please find the agreement between the county and the City of Hiawassee. Also find attached the consent order agreed to between the county and Young Harris. Besides these agreements, the county also has mutual aid agreements in place with Union County Fire and Rescue, Clay County Fire and Rescue and Warne NC Fire and Resuce. Union and Warne have automatic response to certain calls due to the proximity of their Fire Station to the designated areas of the county.

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>
Fire Service SDS	Towns County;Hiawassee;Young Harris	Oct. 1, 2012- Oct. 1, 2022
Mutual Aid Agreement	Towns County Fire Rescue and Union County Fire Res	Oct. 1, 2012- Oct. 1, 2022
Mutual Aid Agreement	Towns Co Fire and Rescue and Clay Co Fire/Rescue	Oct. 1, 2012- Oct. 1, 2022
Mutual Aid Agreement	Towns Co Fire and Rescue and Warne NC Fire/Rescue	Oct. 1, 2012- Oct. 1, 2022
GEMA Aid Agreement	GEMA Area One Counties	Oct. 1, 2012- Oct. 1, 2022

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?

Building Height Ordinance  
 State Law  
 Local Rule

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: February 9, 2011

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



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: TOWNS COUNTY

Service: Jail

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Towns 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>
Towns County	General Fund and add on fee to fines

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

Towns County operates the only detention center in Towns County. The service is provided to all areas of the county and is funded by Towns County's general fund and an add on fee to fines and the City of Hiawassee by add on fees only. City prisoners are held at the jail. as well as prisoners of Young Harris College Police.

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>
Jail SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law regulating add on fines  
Ordianances permitting Towns County and City of Hiawassee to collect the add on fines

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**SERVICE DELIVERY STRATEGY**

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

**Instructions:**

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COUNTY: **TOWNS COUNTY**

Service: **JURY SERVICES**

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

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

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

Jury Services are provided by the Towns County Government for all areas of Towns County. The services are funded through the General Fund and is provided according to the laws of the State of Georgia regulating Jury 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>
Jury SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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

Local Rule  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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**COUNTY: TOWNS COUNTY**

**Service: Law 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.): **Towns County Sheriff**

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

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

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

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

2. In developing 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>
Towns County	General Fund ;
Hiawassee	General Fund
Young Harris College	Allocated Funds

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

Law enforcement is conducted and financed by Towns County throughout all areas of the county. The county responds in the municipalities when needed, typically under emergency circumstances and the municipalities likewise reciprocate. Otherwise, the City of Hiawassee totally funds and conducts law enforcement within its geographic jurisdiction. Young Harris does not provide law enforcement services; however, Young Harris College does have a police force.

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>
Law Enforcement SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

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COUNTY: TOWNS COUNTY

Service: *Library Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Mountain Regional Library with funding from all three jurisdictions, the state, and BOE.**

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>
Towns County	General Fund and SPLOST
Young Harris	General Fund
Hiawassee	General Fund
Board of Education	Allocated Funds
State of Georgia	General Fund

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

Library Services within Towns County are initiated through 2 facilities both of which are branches of Mountain Regional Library. One library is located in Hiawassee and the other is located in Young Harris. They are funded by the state, the county, Hiawassee, Young Harris, the Board of Education, and private donations. The local matching funds for a state grant applied for was also made a part of the SPLOST referendum for one of Towns County's SPLOST projects. The libraries are utilized by all residents of the county.

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>
Library Services SDS	Towns County	10/31/2010      10/31/2020

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

Local Rule and Policies adopted by the Board of Trustees  
State Guidelines

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

**Instructions:**

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COUNTY: TOWNS COUNTY

Service: *MAGISTRATE COURT*

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.): **Towns 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>
Towns County	General Fund

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

Magistrate of Towns County is an elected official combined with the Probate Judges duties. It is located in the Towns County Courthouse and is funded by the General Fund of Towns County. The judge serves the entire population of Towns County including both incorporated and unincorporated areas.

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>
Magistrate Court SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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

Local Legislation  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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<b>COUNTY: TOWNS COUNTY</b>	<b>Service: <i>Maintenance Shop</i></b>
-----------------------------	---

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.): **Towns County, Young Harris, and Hiwassee**

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>
Towns County	General Fund

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

The maintenance shop is provided by Towns County primarily for the maintenance of all county vehicles for all county departments. It also maintains a fuel storage system which provides petroleum for all county vehicles. This petroleum service is also offered to each municipality, the Young Harris College, and the Legacy Link. Young Harris runs its own maintenance shop to maintain city equipment. Hiawassee contracts out their equipment

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>
Maintenance Shop SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

EPD Regulations

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: *Planning and Zoning***

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

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

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

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

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

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.): **Type Name of Government, Authority or Organization Here**

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>
Towns County	General Fund
Hiawassee	General Fund
Young Harris	General Fund

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

Towns County and Hiawassee do land use planning through their planning commissions and committees. Both the county and the city of Hiawassee have ordinances in place to protect and regulate building and development practices: i.e. Building Height Ordinance, Building Code Ordinance, Setback Limits, Subdivision Regulations, and Mountain Protection Act.

Young Harris has actual zoning regulations that include building regulations, building height limits, setback limits, and a Subdivision and Land Use Plan. The zoning code also incorporates the Mountain Protection Act. They have also recently passed a Water and Sewer Building Requirement Regulations Ordinance.

Building Inspections are performed by the Towns County Building Dept in accordance with the agreements dated March 1, 2007 with Hiawassee and May 2, 2007 with Young Harris( Towns County will not perform inspections on any building which exceeds the 35 ft height limit or 3 stories.)

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>
Contract	Towns County Building Department and Hiawassee	March 1, 2007 - N/A
Contract	Towns County Building Department and Young Harris	May 2, 2007 - N/A
Planning/Zoning SDS	Towns County Building Department; Hiawassee; Young	10/31/2010 - 10/31/2020

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?

Mountain Protection Ordinance September 21, 2006      Hiawassee Mountain Protection Dec. 2006  
 Building Code January 1, 2007      2007 Comprehensive Land Distrubing Activities &  
 Building Height Ordinance Sept 21, 2006      Commercial Development Regulations for Hiawassee July 2007  
 First Amendment to the Building Code Ordinance February 21, 2008  
 Subdivision  
 3-Acre Subdivision  
 Sign Ordinance  
 Young Harris Zoning Ordinance June 2010  
 Young Harris Subdivision Regulations June 2010  
 Young Harris Sign Ordinance June 2010

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203;**  
**ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**





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: TOWNS COUNTY

Service: *PROBATE COURT*

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.): **Towns 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>
Towns County	General Fund

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

Towns County Probate Judge is an elected office combined with the Magistrate Judge duties. The office is located in the Towns County Courthouse. The service is funded by the Towns County General Fund and is regulated by State Law. It is available to both the county and municipal residents.

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>
Probate Court SDS	Towns County; Hiawasse; Young Harris	10/31/2010      10/31/2020

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

Local Legislation  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY

Service: *Public and Mental Health*

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

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

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

Public and Mental Health is provided through the Towns County Health Department and in the Mental Health Department located in Union County. These programs are funded by the state and have supplemental funding from Towns County from its general fund. They are available for all areas of the county and municipalities.

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>
Public and Mental Health SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**Service: Public Defender**

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.): **Towns County through the Enotah Public Defenders Office**

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>
Towns County	General Fund
Union County	General Fund
Lumpkin County	General Fund
White County	General Fund

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

Public Defender services are provided by the Enotah Circuit of Public Defenders Office. The Public Defender services Towns, Union, White, Lumpkin. The services are available in both the unincorporated and incorporated areas of Towns County, Each county funds a portion based on population  
The county pays this portion out of the general fund.

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>	
Public Defender SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Georgia Indigent Defense Ser	Towns , Union , Lumpkin, and White Counties	07/01/2010	06/30/2011

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

Local Legislation  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER; BARBARA MATHIS, MAYOR OF HIAWASSEE; ANDREA GIBBY, MAYOR OF YOUNG HARRIS**



SERVICE DELIVERY STRATEGY

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

**Instructions:**

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COUNTY: TOWNS COUNTY

Service: *Public Works*

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

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

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

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

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

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.): **Hiawassee; Young Harris; Towns County Water and Sewerage Authority**

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>
Towns County	General Fund
Young Harris	roads funded from General Fund ; Fees for water and sewer
Hiawassee	roads funded from General fund ; fees for water and sewer
Towns County Water & Sewerage	Funds Enterprise

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

Public Works consist of road maintenance, solid waste disposal, and water and sewer services. These services are divided amongst each governmental entity. The county provides solid waste disposal for all parts of the county, both unincorporated and incorporated areas. Road Maintenance is divided according to the new SDS agreement contained within this document. The water and sewer services are also addressed in another section of this Service Delivery Strategy Agreement.(see the attached agreement reached in mediation between the county and the city of Hiawassee and also the consent order between the county and the city of Young Harris.)

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>	
Public Works SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Road Constr and Main SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Water Services SDS	Towns County; Hiawassee, Young Harris	10/31/2010	10/31/2020
Sewer Services SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020

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?

Any local ordinances pertaining to any portion of this agreement. See each individual SDS for a detailed list.

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**





SERVICE DELIVERY STRATEGY

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

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COUNTY: TOWNS COUNTY

Service: *Recreation*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Towns 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>
Towns County	General Fund and SPLOST
Young Harris	General Fund
Hiawassee	General Fund

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

The Towns County Government operates a county-wide recreation department that provides programs and facilities to all residents of Towns County. This is funded with county general funds. Developing a new county park and the building of a new multi-purpose recreational community center were two of the major projects included in the list of the county's SPLOST projects. This program includes all municipalities in the county. Young Harris currently operates two public parks. Hiawassee is seeking property to construct a city park.

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>
Recreation SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

Recreation Authority

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

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COUNTY: TOWNS COUNTY

Service: *Road Construction and Maintenance*

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

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

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>
Towns County	General Fund and SPLOST
Young Harris	General Fund and SPLOST
Hiawassee	General Fund And SPLOST

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

The county will construct and maintain all roads in the unincorporated areas of the county. Each municipality will administer and finance its respective road construction and maintenance program. All three jurisdictions included Road Construction and Maintenance as a SPLOST project in the recent referendum that was passed in Towns County. When scheduling of the county road crew is possible and it is requested the county will assist each municipality with its road projects at the expense of the requesting city government.

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>
Road Constr and Main SDS	Towns County; Hiawassee; Young Harris	10/31/2010      10/31/2020

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

Local Road Requirements  
Subdivision Regulations

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



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: TOWNS COUNTY

Service: *Senior Citizens Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Towns 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>
Towns County	General Fund and private donations
State and Federal Government	General Fund

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

Towns County funds and administers the Senior Citizens Program throughout the county. This service is provided to both the unincorporated and incorporated areas of the county. Towns County contracts the service out to an independent agency.. The funding comes from the county's general fund, private donations, and state and federal funding)

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>	
Senior Citizen SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Local Share Commitment Agree	Towns County and Legacy Link, Inc.	07/01/2010	06/30/2011

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



**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: TOWNS COUNTY**

**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.): **City of Hiawassee; City of Young Harris - each city will provide sewer services to the service area assigned them in the attached map.**

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>
City of Hiawassee	Sewer Fees
City of Young Harris	Sewer Fees

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

The City of Hiawassee will provide Sewer Services to the sewer service area assigned them in the map. This area does include some of the unincorporated areas of Towns County. The service will be paid for by Sewer fees and Connection fees. The county and the City of Hiawassee have signed an intergovernmental SPLOST agreement which provides the county with 25,000 GPD sewer capacity in exchange for an allotted amount of the county's SPLOST revenue. The city of Hiawassee is trying to get a grant for the expansion of the sewer plant. The city of Hiawassee and The Towns County Water Authority have an attached agreement concerning the Water and Sewer services in the unincorporated areas of the county. The city of Young Harris supplies Sewer Services to the sewer service area assigned them in the map which do include areas outside their incorporated boundaries.

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>	
Sewer SDS	Towns County; City of Hiawassee; City of Young Harris	10/31/2012	10/1/2022
2011 Wholesale Water	City of Hiawassee; Towns County Water and Sewer	06/01/2011	05/31/2016
Intergovernmental Contract	Towns County; Hiawassee; Young Harris	01/13/2011	2017

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?

City of Hiawassee Resolution Adopting Agreement  
 City of Hiawassee Ordinance Adopting the Changes in Water and Sewer Rates

Water and Sewer Rate Schedules, Service Rules and Regulations April 3, 1986  
 Amendment to City of Young Harris Ordinance 86-04-002 May 1, 2012  
 Amendment to City of Young Harris Ordinance 86-04-002 Sept. 4, 2012  
 State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**





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: TOWNS COUNTY

Service: **Solid Waste Management**

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

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

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

The County operates a transfer station and recycling center. It serves all area of the county including municipalities. It is funded by the County's general fund. The recycling program is led by the North Ga. Waste Mgmt which bills the county quarterly ( the proceeds of any recycling revenue offsetting the balance of the invoice) The county contracts the transfer and disposal of the solid waste from Towns County.

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>
Solid Waste Management SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020
Waste Management Contract	Towns County and Waste Management	2010-2015(with yr renewal)
Ten-Year Solid Waste Plan	Towns County, Hiawassee, Young Harris	2005-2015

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?

State Law  
 Solid Waste Management Ordinance  
 Ten-Year Solid Waste Management Plan

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

**Instructions:**

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COUNTY: TOWNS COUNTY

Service: *Superior Court*

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.): **Towns County through the Enotah Judicial Court Circuit**

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>
Towns County	General Fund
Union County	General Fund
Lumpkin County	General Fund
White County	General Fund

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

Court services are provided through the Enotah Judicial Court Circuit which is funded by Towns, Union, Lumpkin, and White Counties based on population. These services are available to both unincorporated areas and incorporated areas of Towns County. The county funds its portion from the General Fund.

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>	
Superior Court SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Georgia Indigent Defense Ser	Towns , Union , Lumpkin, and White Counties	07/01/2010	06/30/2011

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

Local Legislation  
State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



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: TOWNS COUNTY

Service: *Tax Collection*

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

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

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

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

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.): **Towns County Tax Commissioner; Young Harris; Hiwassee**

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>
Towns County	General Fund
Young Harris	General Fund
Hiawassee	General Fund

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

The tax bills are prepared by the Tax Commissioner's Office for all areas of the county. This expense is solely funded by the County's general fund.  
 The city of Young Harris collects the taxes for its jurisdiction. The City of Hiawassee contracts with the county for the Tax Commissioner to collect their taxes. The county collects its own taxes within the unincorporated areas.

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>	
Tax Collection SDS	Towns County; Hiawassee; Young Harris	10/31/2010	10/31/2020
Tax Collection Agreement	Towns County and City of Hiawassee	8/4/2009	7/30/2012
Hotel/Motel Tax Collection	Towns County Tax Commissioner and City of Hiawassee	8/4/2009	7/30/2012

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**



SERVICE DELIVERY STRATEGY

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

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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: TOWNS COUNTY

Service: *Tax Assessment*

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.): **Towns County Tax Assessor**

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>
Towns County	General Fund
Young Harris	General Fund
Hiawassee	General Fund

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

Tax Assessment is performed by the Tax Assessor's Office for all portions of the county, both unincorporated and incorporated. The tax bills are prepared by the Tax Commissioner's Office for all areas of the county. This expense is solely funded by the County's general fund.

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>
Tax Assess SDS	Towns County; Hiawassee; Young Harris	10/31/2010    10/31/2020

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?

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**





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:** TOWNS COUNTY

**Service:** *Water*

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

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

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

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

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

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **City of Hiwassee; City of Young Harris - each city will provide water services to the service area assigned them in the attached map.**

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>
City of Hiawassee	Water Fees
City of Young Harris	Water Fees
Towns County Water & Sewer Auth	Enterprise Funds

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

The City of Hiawassee has a service area for water services as outlined on the attached map. The City of Young Harris has a service area for water services outlined on the attached map. The Towns County Water and Sewer Authority has a service area for water services as outlined on the attached map. Please see the consent order and agreement attached as to these areas. The City of Hiawassee and The Towns County Water & Sewer Authority have signed a contract concerning Water and Sewer Services (agreement attached).

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>
Water SDS	Towns County; City of Hiawassee; City of Young Harris	10/1/2012      10/1/2022
2011 Wholesale Water	City of Hiawassee; Towns County Water and Sewer	06/01/2011      05/31/2016
Intergovernmental Contract	Towns County; Hiawassee; Young Harris	01/13/2011      2017
Memo of Agreement in Media	Towns County; Hiawassee	04/26/2011
Consent Order	Towns County; Young Harris	02/15/2011

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?

City of Hiawassee Resolution Adopting Agreement  
 City of Hiawassee Ordinance Adopting the Changes in Water and Sewer Rates  
 Water and Sewer Rate Schedules, Service Rules and Regulations April 3, 1986  
 Amendment to City of Young Harris Ordinance 86-04-002 May 1, 2012  
 Amendment to City of Young Harris Ordinance 86-04-002 Sept. 4, 2012

State Law

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: October 19, 2010

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:  
**BILL KENDALL, COMMISSIONER 706-896-2276; BARBARA MATHIS, MAYOR OF HIAWASSEE 706-896-2203; ANDREA GIBBY, MAYOR OF YOUNG HARRIS 706-379-3171**

# **SECTION - 4**



**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:TOWNS COUNTY**

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

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:

**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? "Prior to beginning a service or capital expansion in another jurisdiction, each affected local governments will review each other's plans/ordinances, as necessary, and meet before such service or facility expansions occurs. New intergovernmental agreements will be executed when necessary and legal remedies sought as a last resort. However, Hiawassee and Young Harris' water and sewer services are laid out in a court order. Therefore, all water and sewer extensions will be handled in a manner consistent with the court order that was attached to the SDS submittal."

4. Person completing form: **Andrea Anderson**

Phone number: **(706)896-2276**      Date completed: Oct 19, 2012

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:

**BILL KENDALL, COMMISSIONER (706)896-2276; BARBARA MATHIS, MAYOR, HIAWASSEE - (706)896-2203; ANDREA GIBBY, MAYOR YOUNG HARRIS, (706)379-3171**



SERVICE DELIVERY STRATEGY  
DISPUTE RESOLUTION PROCESS  
for  
Towns County and Municipalities

The Cities of Hiawassee and Young Harris, and Towns County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 2012.

1. Prior to initiating any formal annexation activities,<sup>1</sup> 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. Such information shall be provided to Towns County within 10 working days of receipt of any annexation petition.

Within 15 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 or use, 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 or classification objection(s)<sup>2</sup>, the city will respond to the county in writing within 15 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; (d) initiating a 30-day (maximum) mediation process to discuss possible compromises<sup>3</sup>; or (e) taking any legal remedy provided by law.
4. If any of the cities initiate mediation, that city and the county will engage in a mediation process. This mediation process is outlined in an addendum which is considered a part of this document. Any costs associated with the mediation will be shared equally by the parties (local governments) participating.

---

<sup>1</sup>Cities should not validate a petition for annexation or adopt a resolution of intent to annex prior to completion of this annexation dispute resolution process.

***TOWNS COUNTY AND MUNICIPALITIES  
DISPUTE RESOLUTION PROCESS***

***MEDIATION PROCESS***

Mediator

The city and county will select one individual who is a professional and experienced mediator.

Parties to the Mediation:

The jurisdiction requesting the mediation and the jurisdiction required to act on the proposed change in land use will be parties to the mediation. The mediation sessions will be open to the public but general public comment will not be taken during the mediation sessions. The mediator may close any meeting with any party in accordance with state law.

Choice of Mediator

The parties may agree on a Mediator. If they cannot agree, the GMRC will be asked to propose three mediators. If the jurisdictions in conflict cannot agree on the mediator from among this pool, the GMRDC will select the mediator.

The party requesting the mediation will coordinate the selection process and make arrangements with the mediator as to time and place for mediation. The party requesting the mediation shall also give public notice of the mediation at least one week prior to any meeting.

Payment for the Mediation

The parties (local governments) participating in the mediation will equally share the cost of the mediation. Parties will be prepared to pay at each session or in the manner negotiated with the mediator.

Scheduling the Mediation

The jurisdiction requesting the mediation in consultation with the other parties and the mediator will select the time for the mediation. The jurisdiction acting on the proposed land use change will arrange a facility for the mediation. The initial mediation session will be scheduled for two hours. Additional sessions will be determined by participants during the first session.

Results of the Mediation

The mediator will provide to all parties a written report, including any agreements between the

parties in conflict. The mediator will also specify any remaining conflicts and will provide an assessment of the potential value of any further mediation. The legislative body of the jurisdiction acting on the proposed land use change will consider the results (the mediator's report and any agreements) of the mediation as part of the hearing process and part of the official record of the hearing.

Agreements made during the Mediation will become part of the final action on proposed land Use change.

If no agreement regarding any specific conflict results from the mediator, the parties retain their rights to pursue additional legal remedies.



5. If no resolution of the county's bona fide land uses classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
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) within 15 working days from the date of the agreement.

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 the property. The property owner(s) shall sign, notarize and return the agreement to the city. The agreement shall become final when signed by the city and the county and shall be filed in the land records by the Clerk of Superior Court.

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.

Attest:


  
Clerk, Towns County

  
Bill Kendall, Commissioner  
Towns County

[County Seal]


Attest:


  
Clerk, City of Hiawassee

  
Barbara Mathis, Mayor  
City of Hiawassee

[City Seal]

Attest:

  
Clerk, City of Young Harris

  
Andrea Gibby, Mayor  
City of Young Harris

[City Seal]

# **SECTION - 5**



**SERVICE DELIVERY STRATEGY**

**FORM 4: Certifications**



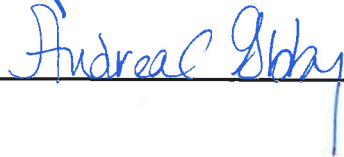
**Instructions:**

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

**COUNTY: Towns County**

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>TOWNS COUNTY</u>	COMMISSIONER	BILL KENDALL		7-17-13
<u>HIAWASSEE</u>	MAYOR	BARBARA MATHIS		7/9/13
<u>YOUNG HARRIS</u>	MAYOR	ANDREA GIBBY		7/16/13

# **SECTION - 6**

## INTERGOVERNMENTAL AGREEMENTS

- |  |  |
|--|--|
| 1. Joint Development Authority Agreement   | Towns, Union, Fannin County                      |
| 2. GEMA area agreement                     | Area One Counties                                |
| 3. Election Agreement                      | TC Board of Election/Registrars and Hiawassee    |
| 4. Election Agreement                      | TC Board of Election/Registrars and Young Harris |
| 5. Mutual Aid Agreement                    | Towns County EMS and Rabun County EMS            |
| 6. Mutual Aid Agreement                    | Towns County EMS and Clay County EMS             |
| 7. Mutual Aid Agreement                    | TC Fire and Rescue and UC Fire Rescue            |
| 8. Mutual Aid Agreement                    | TC Fire and Rescue and Clay Co Fire/Rescue       |
| 9. Mutual Aid Agreement                    | TC Fire and Rescue and Warne NC Fire/Rescue      |
| 10. Building Inspection Agreement          | TC Building Dept and City of Hiawassee           |
| 11. Building Inspection Agreement          | TC Building Dept and City of Young Harris        |
| 12. GA. Indigent Defense Service Agreement | Towns, Union, Lumpkin, and White County          |
| 13. 2011 Wholesale Water Agreement         | Hiawassee and TC Water and Sewer Authority       |
| 14. Water Agreement With Union County      | Young Harris and Union County                    |
| 15. Intergovernmental Contract (SPLOST)    | Towns County, Hiawassee, and Young Harris        |
| 16. Ten-Year Solid Waste Plan              | Towns County, Hiawassee, and Young Harris        |
| 17. Enotah Circuit Agreement               | Towns County, Hiawassee, and Young Harris        |
| 18. Tax Collection Agreement               | Towns County and Hiawassee                       |
| 19. Hotel/Motel Tax Collection             | Towns County Tax Commissioner and Hiawassee      |
| 20. Memo of Agreement in Mediation         | Towns County and Hiawassee                       |
| 21. Consent Order                          | Towns County and Young Harris                    |

# **SECTION - 7**

**IN THE SUPERIOR COURT OF TOWNS COUNTY  
STATE OF GEORGIA**

<b>TOWNS COUNTY GEORGIA</b>	)	<b>Civil Action File No.</b>
<b>vs.</b>	)	<b>11-CV-62 MM</b>
<b>CITY OF YOUNG HARRIS</b>	)	<b>2011-CV-99-LA</b>
<b>and CITY OF HIAWASSEE</b>	)	

*Towns County, Georgia  
Entered  
2-15-12  
Cecil Dye  
Clerk Superior Court*

**CONSENT ORDER**

COMES NOW, the parties of Towns County, Georgia, City of Hiawassee, and City of Young Harris, in the above referenced matter stipulate and agree as follows:

1.

Towns County and the municipalities located therein were due to update their Service Delivery Strategies ("SDS") by February 28, 2011.

2.

Pursuant to Georgia's Service Deliver Act, O.C.G.A. 36-70-20, each county and its municipalities must agree to a Service Delivery Agreement and Strategy approved by the Georgia Department of Community Affairs in order to qualify for any grant, loan, or permitting program administered by the State Government.

3.

OCGA § 36-70-25.1 (c) provides, "If a county and the affected municipalities in the county are unable to reach an agreement on the strategy prior to the imposition of the sanctions provided in Code Section 36-70-27, a means for facilitating an agreement through some form of alternative dispute resolution shall be employed. Where the alternative dispute resolution action is unsuccessful, the neutral party or parties shall prepare a report which shall be provided to each

governing authority and made a public record. The cost of alternative dispute resolution authorized by this subsection shall be shared by the parties to the dispute pro rata based on each party's population according to the most recent United States decennial census. The county's share shall be based upon the unincorporated population of the county. Towns County and the affected municipalities have attempted alternative dispute without success.

4.

In accordance with OCGA § 36-7-25.1 et. seq., on April 26, 2011, Petitioner and Respondents entered into Mandatory Mediation Pursuant to the Service Delivery Act, OCGA § 36-70-20, et seq. Petitioner and Respondent, City of Hiawassee, entered into an agreement during said mediation which was made an order of this court on August 3, 2011.

5.

Petitioner and Respondent, City of Young Harris, failed to reach an agreement at the mediation referenced, supra, and therefore, in accordance with OCGA § 36-70-20 et. Seq., proceeded to hearing on the outstanding issues before this court on August 3, 2011.

6.

Following a presentation of evidence by Petitioner, Towns County, Georgia, and Young Harris, Georgia, entered into negotiations and reached an agreement as to the outstanding issues. The outstanding issues were the service delivery area for water, and matters related to fire protection which is being provided by Towns County. An agreement on the remaining issues was announced to the court and ordered to be incorporated into this order. Attached as Exhibit "A" are pages 94 through 98 of the transcript (T) which transcribes the announcement to the court of the agreement between Towns County and the City of Young Harris. Exhibit "A" is incorporated herein as if fully set forth.



**Service Delivery Area for Water Service**

- A. The parties agreed the Service Delivery Area for the City of Young Harris is to be the City of Young Harris' present delivery area, which the City of Young Harris shall maintain. (T - Page 94, Lines 7 through 17). The area presently being served by the City of Young Harris shall be within its corporate boundaries and the area outside of the city corporate boundaries where water service is presently being provided by the city. The service delivery area is represented by the "Burnt Orange" area on the attached Exhibit "B," presented as Plaintiff's Exhibit One (1) during the hearing.
- B. Should Young Harris wishes to provide water service outside of its corporate boundaries and outside of the area the City is presently serving, as represented by the "Burnt Orange" area on the attached Exhibit "B", the City of Young Harris shall ask the commissioner, who shall determine who can best provide services to the consumer. The Commissioner may require a rate study to determine who can best provide the service, for which the City of Young Harris can provide. (T - Page 94, Lines 7 through 24).
- C. If some person (consumer) wants water service to be provided by the City of Young Harris, outside of the City of Young Harris' present delivery area, the person shall go to the commissioner and the commissioner shall determine who can provide the best water service. (Page 95, Line 1 through 3).

**Service Delivery for Fire Protection and Granting a Variance Above Thirty-Five Feet**

- A. Towns County shall remain the fire service provider for all of Towns County. (T - Page 95, Lines 5 through 6).
- B. Should an application for a building above thirty five (35) feet in height within the corporate boundaries of the City of Young Harris be requested and the City of Young

Harris shall choose to consider the application for a building above thirty-five (35) feet in height other than within the "Overlay District" (a copy of the Overlay District Ordinance is attached as Exhibit "C" and incorporated herein by reference as if fully set forth) the City of Young Harris will consult with the commissioner. The City of Young Harris shall give the commissioner formal written notice of the application for a building permit of a building higher than thirty-five (35) feet in height which the City of Young Harris is considering. Discretion in granting a building permit for a building above the thirty-five (35) foot height shall remain with the City of Young Harris. (T, Page 95, Lines 7 through 18).

- C. In the event the City of Young Harris chooses to grant a building permit for a building above thirty-five (35) feet in height outside of the Overlay District the commissioner, at his discretion, may then change the fire districts of Towns County whereby he could contract with Young Harris for fire services. The Commissioner would not be obligated to include the City of Young Harris as part of the Towns County fire district for ISO ratings and budget and other considerations. (T- Page 95, Lines 10 through 25).

**NOW THEREFORE IT IS ORDERED:**

The agreed upon terms and stipulations contained within this Consent Order shall be made the final Order of this Court in the referenced numbered cases and shall be a part of the Service

"Exhibit A"

Towns County, Georgia

Entered

2-15-12

Cecil Dye

Clerk Superior Court

1 MR. COX: What time?

2 THE COURT: One o'clock.

3 (After a lunch recess, proceedings were continued as  
4 follows:)

5 THE COURT: All right. We're reconvened.  
6 Announcement?

7 MR. KIKER: Yes, sir. We have an announcement. If I  
8 may, Mr. Cox, as to the first issue, as to the water and  
9 sewer service delivery area, the City of Young Harris at  
10 this date at this time does not ask for or want the pink  
11 area, so currently --

12 THE COURT: Including that area that is outlined?

13 MR. COX: The pink area.

14 THE COURT: Oh, the pink area.

15 MR. KIKER: So we will default back to the burnt  
16 orange area, which is their present, and that's what they  
17 will maintain.

18 THE COURT: That's the answer to that one.

19 MR. KIKER: Yes, sir.

20 MR. COX: As a matter of law, we have discussed this.  
21 If there's some reason for the City of Young Harris to go  
22 into the pink area, we have a duty to ask the commissioner  
23 and at that point we might provide a rate study or  
24 whatever. He can contract with us or not.

25 THE COURT: Okay.

1 MR. KIKER: Yes, sir. To be -- if somebody in that  
2 area right there asked for water service, they come to the  
3 commissioner, he finds out who can provide that best.

4 THE COURT: Okay. What's the next one?

5 MR. KIKER: On the fire district, Towns County will  
6 remain the fire service provider for all of Towns County  
7 with this one proviso: that if the City of Young Harris  
8 chooses to grant -- to consider a variance on the building  
9 height --

10 THE COURT: Over 35 feet.

11 MR. KIKER: -- over 35 feet, yes, sir --

12 MR. COX: Outside of the overlay district.

13 MR. KIKER: -- outside of the overlay district of the  
14 college, then what will happen is they will consult the  
15 commissioner with that.

16 MR. COX: Giving him formal written notice.

17 MR. KIKER: Formal written notice. The discretion on  
18 that variance will still remain with the city. He has no  
19 say-so over whether they can grant the variance. If they  
20 choose to grant such a variance, the commissioner at his  
21 discretion may then change the fire districts of Towns  
22 County whereby he could agree to contract with Young Harris  
23 for services or provide Good Samaritan at his discretion or  
24 mutual aid, but he would not be obligated to include them  
25 as part of the fire district for the ISO rating and budget

1 and other considerations.

2 THE COURT: Is that agreed to by the City of Young  
3 Harris?

4 MR. COX: I have stated this to Mr. Kiker, and I have  
5 some concern with that, not that we disagree with that,  
6 Judge. In fact, we agree 100 percent with that.  
7 Collateral to do that, that smacks in the face of what the  
8 intention of the service delivery -- although you can  
9 contract with that -- I just want to make sure that the way  
10 that we write that doesn't somehow violate some  
11 constitutional matters that may be there that for some  
12 reason are itching me and I can't tell the Court what those  
13 all are right now.

14 THE COURT: All right. You all get your pencils and  
15 papers out and I'll give you my address.

16 163 Willowdell, W-I-L-L-O-W-D-E-L-L, Drive, Toccoa,  
17 and the zip is 30577.

18 Now, who's going to prepare the agreement?

19 MR. COX: That needs to be addressed, Judge.  
20 Mr. Kiker has to take his son to William and Lee to law  
21 school. Good for him. He is then going -- I believe he's  
22 being activated, is that not correct?

23 MR. KIKER: Possibly. I believe so.

24 MR. COX: We are going to do the best we can to have  
25 it to the Court within a month.

1 THE COURT: Who's going to be preparing it?

2 MR. COX: Mr. Kiker is.

3 THE COURT: And then submit it to me after you've  
4 signed off on it.

5 MR. KIKER: Yes, sir.

6 MR. COX: Yes, sir.

7 THE COURT: And if there's a dispute, then you submit  
8 to me what your dispute is and then we'll get a copy of  
9 what Mr. Kiker has announced and I'll try to follow what  
10 you all have agreed to.

11 MR. KIKER: Yes, sir. Your Honor, if I may also just  
12 for the protection of all parties -- and I'm not sure if  
13 the City of Hiawassee is still here -- can we ask that the  
14 Court make part of this order today that, what do we call  
15 it, the extension for --

16 MR. STANCIL: The abeyance of the penalties enacted by  
17 the State. We are acting under the ordinance or your order  
18 where the State is being held in abeyance. We want to make  
19 that permanent and apply it to all parties based on the  
20 agreement until such time as we can actually submit the SDA  
21 document.

22 THE COURT: Okay. Now, Mr. Stancil -- well, the  
23 attorneys sign off on it as well.

24 MR. KIKER: Yes. Yes. Very good. Thank you, sir.

25 THE COURT: Now, let me say how I appreciate you all

1 resolving this matter. It's always better for parties to  
2 resolve. Nobody knows what the judge is going to do.  
3 'Cause I don't know what I'm going to do at this point.  
4 This way by agreeing and settling, you at least get most of  
5 what you want, and that's what's important.

6 I also think it's important, we see enough up in  
7 Washington about governing bodies bickering and I don't  
8 believe that the publicity or the actions of the dispute,  
9 it would help the people of this county. I believe they  
10 want the governing bodies to get along and I think you owe  
11 that responsibility insofar as you're able.

12 Of course, I understand you may not be able at times  
13 and I don't fault anybody for that, but I think you've used

14 your best efforts to try to resolve the issues. I thank  
15 you.

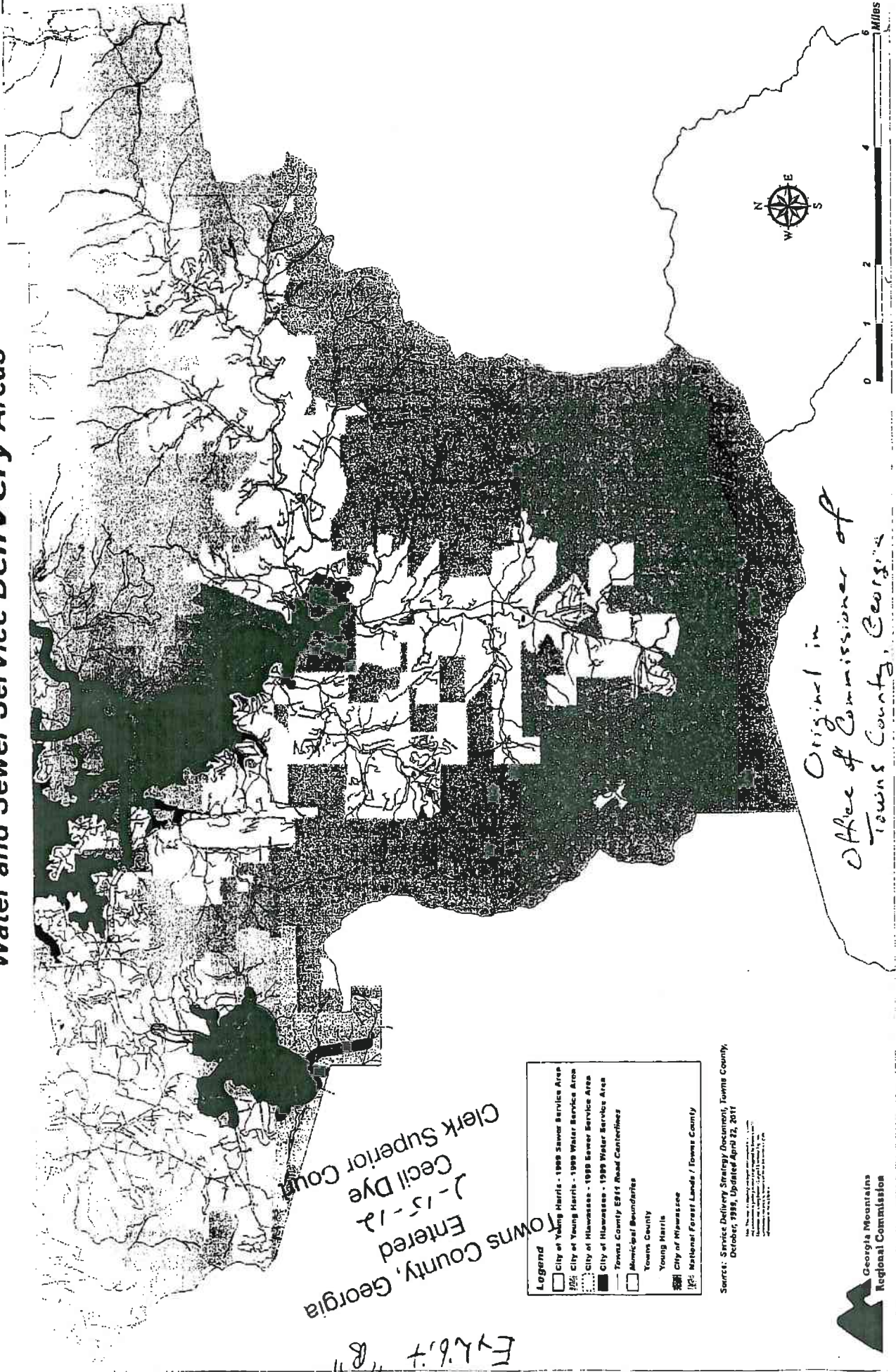
16 On behalf of the citizens of Towns County, I'm glad  
17 there was no blood letting.

18 MR. COX: There was a little.

19 THE COURT: You don't have to make me a CD.  
20  
21  
22  
23  
24  
25

---

# Towns County, Georgia 1999 and 2011 Water and Sewer Service Delivery Areas



Entered, Georgia  
2-15-12  
Cecil Dye  
Clerk Superior Court

- Legend**
- City of Young Harris - 1999 Sewer Service Area
  - City of Young Harris - 1999 Water Service Area
  - City of Marietta - 1999 Sewer Service Area
  - City of Marietta - 1999 Water Service Area
  - Towns County ES&S Road Centricities
  - Municipal Boundaries
  - Young Harris
  - City of Marietta
  - National Forest Lands / Towns County

Source: Service Delivery Strategy Document, Towns County, October, 2005, Updated April 22, 2011

Original in  
Office of Commissioner of  
Towns County, Georgia



Georgia Mountains  
Regional Commission



Exhibit "C"

**CITY OF YOUNG HARRIS**

P.O. BOX 122  
YOUNG HARRIS, GA. 30582

Towns County, Georgia

Entered

2-15-12

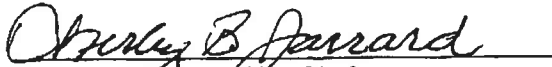
Cecil Dye

Clerk Superior Court

STATE OF GEORGIA  
COUNTY OF TOWNS  
CITY OF YOUNG HARRIS

I, SHIRLEY B. JARRARD, do hereby certify that I am Clerk of the City of Young Harris, and as such certify that the foregoing is a true and correct copy of the ordinances of the City of Young Harris, as the same appears in the records of the Mayor and Council of the City of Young Harris, Georgia.

Witness my hand and seal of office, this 14<sup>th</sup> day of February, 2012.



Shirley B. Jarrard, City Clerk  
City of Young Harris, Georgia

## Exhibit A

### Overlay District

#### for Zoning Purposes of the Campus of Young Harris College

1) **Zone A (highlighted in green color on tax map) – Core Campus:**

- Includes central campus properties that do not have frontage on U.S. Highway 76
- Subject to City's zoning ordinance, with these exceptions:
  - Building height – 55 feet, measured as required in Section 4.8
  - Signage -- Within Zone A, the College campus shall not be subject to the Sign Ordinance, nor shall the College be required to apply for sign permits nor pay permit fees for signs placed within Zone A. The safety and nuisance aspects of the City's sign ordinance shall be applicable to Zone A of the College Overlay District (specifically Section 1.5(2)(Illumination), Section 1.6 (1, 2, 4)(Safety & Construction Standards), Section 1.7 (Prohibited Signs), Section 1.8 (Sign and Sign Structure Maintenance)).
  - Trees – The College acknowledges the importance and desirability of planting and maintaining significant trees throughout the College campus. However, the campus size makes application of the City's Tree Protection ordinance impracticable.

Accordingly, within Zone A the Tree Protection ordinance shall not apply, but the

College shall make reasonable efforts to save and protect all significant trees, and whenever a significant tree is required to be removed, the College shall within six months replace it on the campus with trees having a total density equal to two (2) times the value in inches of the tree that is removed. The college shall be required to provide notice to the City of removal of significant trees and upon the replacement thereof.

- Off-street loading and unloading- Within Zone A, for all new buildings at which the commercial loading or unloading of packages, freight, or other materials or supplies shall occur, the College shall provide adequate space for the loading and unloading of vehicles so that no public street shall be blocked by such loading or unloading. For other new buildings within Zone A at which periodic loading and unloading shall occur (as in the case of residence halls), the College shall provide adequate space for temporary loading and unloading by College employees and students off of public streets.

- The following sections of the City's Zoning Ordinance would not apply to Zone A of the College Overlay District: Section 3.6 (Height & density), Section 3.7 (Lot size & occupancy), Section 3.8 (Yards & other spaces), Section 3.9 (Number of buildings per lot), Section 3.10 (Public Street frontage), , Section 3.15 (Off-street loading and unloading spaces), Section 4.8 (Area, setback and height requirements), Article V (Tree Protection – except as stated in "Trees" section above), and the Sign Ordinance (except as stated in "Signage" section above).

**2) Zone B (highlighted in Blue on tax map) – Extended Campus**

- Includes campus properties that front U.S. Highway 76 and adjoin residential neighborhoods
- Subject to City's zoning ordinance, with these exceptions:
  - Building height – a building in Zone B shall be allowed up to a height of 40 feet, measured as required in Section 4.8
  - Signage -- Within Zone B, the College campus shall not be subject to the Sign Ordinance nor required to apply for sign permits or pay permit fees for signs placed within Zone B, except when a sign will be located within 50 feet of the center line of U.S. Highway 76, or within fifty (50) feet of any residential property as measured by the closest point of the sign to the residential property. Within such 50-foot zone, the College shall not erect signs that exceed 15 feet. The safety and nuisance aspects of the City's sign ordinance shall be applicable to Zone B of the College Overlay District (specifically Section 1.5(2)(Illumination), Section 1.6 (1, 2, 4)(Safety & Construction Standards), Section 1.7 (Prohibited Signs), Section 1.8 (Sign and Sign Structure Maintenance)).
  - Trees – The College acknowledges the importance and desirability of planting and maintaining significant trees throughout the College campus. However, the campus size makes application of the City's Tree Protection ordinance impracticable. Accordingly, within Zone B the Tree Protection ordinance shall not apply except for those parts of Zone B that are located within 50 feet of the center line of U.S. Highway 76. Nevertheless, the College shall make reasonable efforts to save and protect all significant trees, and whenever a significant tree is required to be removed, the College shall within six months replace it on the campus with trees having a total density equal to two (2) times the value in inches of the tree that is

removed. The college shall be required to provide notice to the City of removal of significant trees and upon the replacement thereof.

- Off-street loading and unloading- Within Zone B, for all new buildings at which the commercial loading or unloading of packages, freight, or other materials or supplies shall occur, the College shall provide adequate space for the loading and unloading of vehicles so that no public street shall be blocked by such loading or unloading. For other new buildings within Zone B at which periodic loading and unloading shall occur (as in the case of residence halls), the College shall provide adequate space for temporary loading and unloading by College employees and students off of public streets.
- Setback- Within Zone B of the College Overlay District, all buildings shall be subject to a 50 foot setback from the centerline of any public road or street adjacent thereto. Additionally, all buildings constructed in Zone B on property that directly adjoins residential property shall be subject to a 50 foot setback which shall be measured from the closest point of the building or improvement located in Zone B to the closest point of the property line of any residential property adjacent thereto which is not owned by Young Harris College. The College shall adhere to all buffer requirements as set forth in Section 4.9 of the City's Zoning Ordinance, however, the 10 foot buffer and visual barrier shall be located within the aforementioned 50 foot

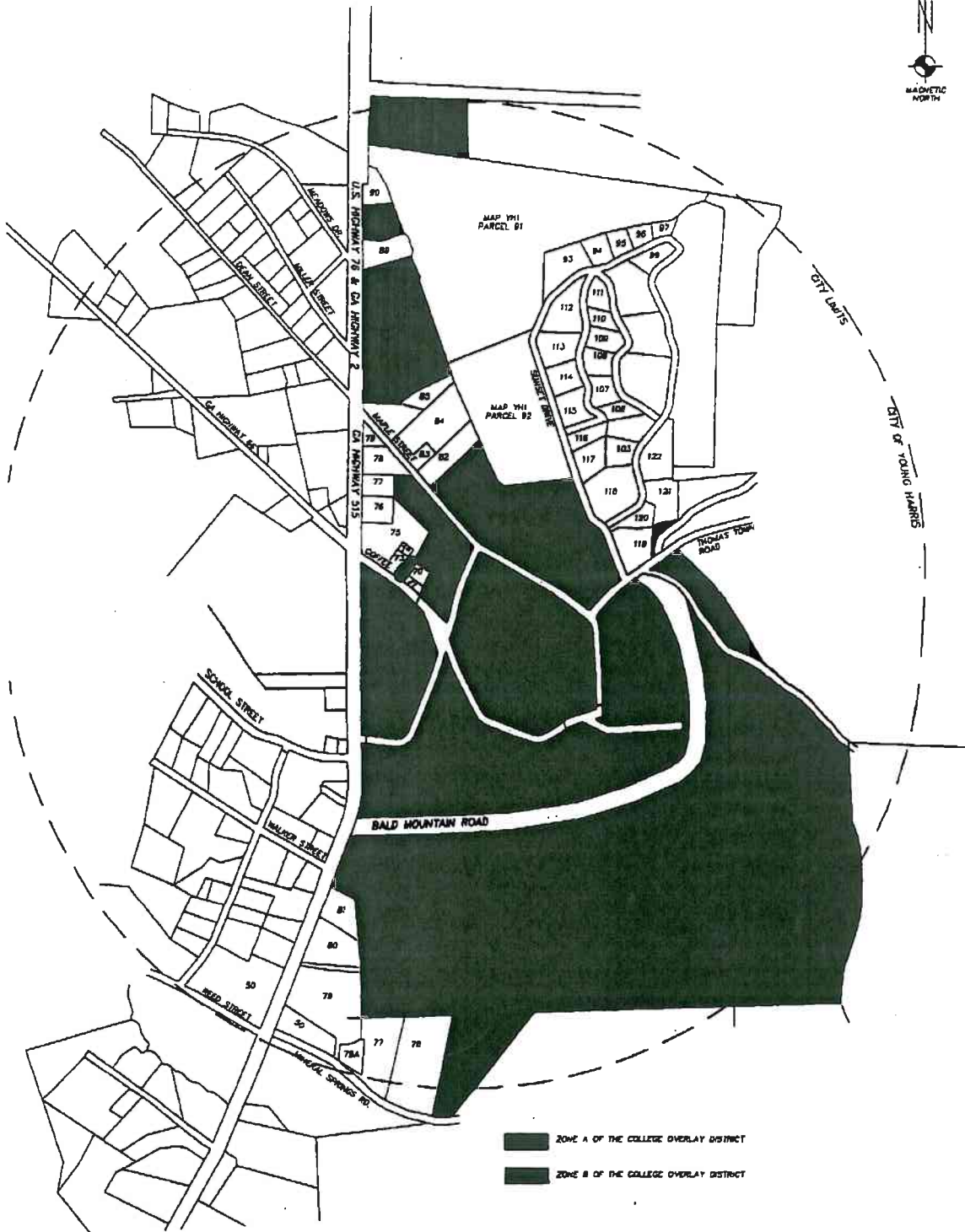
setback.

- The following sections of the City's Zoning Ordinance would not apply to Zone B of the College Overlay District: Section 3.6 (Height & density), Section 3.7 (Lot size & occupancy), Section 3.8 (Yards & other spaces), Section 3.9 (Number of buildings per lot), Section 3.10 (Public Street frontage), , Section 3.15 (Off-street loading and unloading spaces), Section 4.8 (Area, setback and height requirements), Article V (Tree Protection – except as set forth in the "Trees" section above), and the Sign Ordinance (except as set forth in the "Signage" section above).
- All buildings constructed within Zone B on property that directly adjoins residential property shall be subject to a 50foot buffer on which no structures (buildings or parking lots) shall be constructed. Such buffer may be used for placement of underground utilities, placement of the fence or plant screen otherwise required as a buffer by this ordinance, landscaping and underground irrigation systems, sculpture, sidewalks, driveways that are used for emergency or temporary access, picnic tables and cookout areas, parks, trails, downcast lighting that conforms to the zoning ordinance, and other such passive uses that would not be likely to generate noise or disturbances within such 50 foot area. It is

specifically understood and agreed the driveways and/or sidewalks shall not be customarily used for vehicular traffic, but shall be used for vehicles during move in and move out periods at the beginning and end of school sessions, with barriers placed to prevent traffic at other times.

3) **Parcels 91 and 92** of the tax map which are owned by the College and are part of the College campus shall not be subject to the Sign Ordinance nor required to apply for sign permits or pay permit fees for signs placed within parcels 91 and 92, except when a sign will be located within 50 feet of any residential property as measured from the closest point to of the sign and the residential property. Within such 50-foot zone, the College shall not erect signs that exceed 15 feet. The safety and nuisance aspects of the City's sign ordinance shall be applicable to Parcel 91 and 92 (specifically Section 1.5(2)(Illumination), Section 1.6 (1, 2, 4)(Safety & Construction Standards), Section 1.7 (Prohibited Signs), Section 1.8 (Sign and Sign Structure Maintenance)).

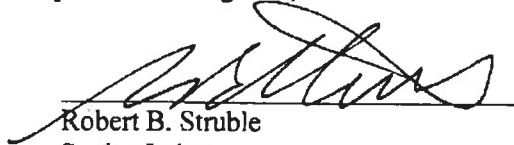
# YOUNG HARRIS COLLEGE PROPOSED OVERLAY DISTRICT



- ZONE A OF THE COLLEGE OVERLAY DISTRICT
- ZONE B OF THE COLLEGE OVERLAY DISTRICT

Delivery Area Strategy for Towns County, Georgia, Hiawassee, Georgia, and Young Harris,  
Georgia.

So Ordered this 15<sup>th</sup> day of February, 2012, nunc pro tunc to August 3, 2011.



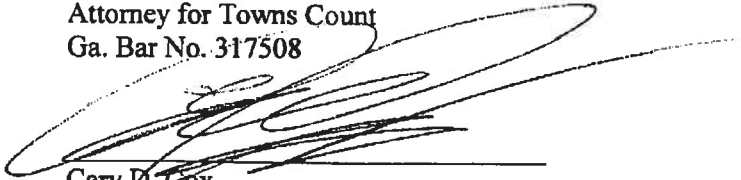
Robert B. Struble  
Senior Judge

*Sitting by Designation*

Order Prepared and Reviewed by:



Cadman Robb Kiker, Jr.  
Attorney for Towns Count  
Ga. Bar No. 317508



Cary D. Cox  
Attorney for Young Harris  
Ga. Bar No. 192295

Resolution Number \_\_\_\_\_

**CITY OF HIAWASSEE RESOLUTION RATIFYING ADOPTING & APPROVING  
2011 WHOLESALE WATER AGREEMENT BETWEEN THE CITY AND THE TOWNS  
COUNTY WATER & SEWER AUTHORITY**

**FINDINGS OF FACT**

The Mayor, Attorney, Engineer and Manager of the City of Hiawassee ("City") pursuant to Council Authority have drafted an agreement entitled "2011 Wholesale Water Agreement between the City of Hiawassee and the Towns County Water and Sewer Authority" ("2011 Wholesale Water Agreement"). A copy of the proposed agreement is attached hereto as Exhibit "A" and is incorporated by referenced herein. At a Special Meeting held by the Towns County Water and Sewer Authority, said Agreement was adopted by the TCWSA.

**PURPOSE OF RESOLUTION**

This Resolution shall be for the purpose of the Hiawassee City Council ratifying, approving and adopting the 2011 Wholesale Water Agreement and authorizing and directing the Mayor and Clerk to execute the contract on behalf of the City.

**THEREFORE, THE COUNCIL OF THE CITY OF HIAWASSEE HEREBY RESOLVES as follows:**

The 2011 Wholesale Water Agreement attached hereto as Exhibit "A" and incorporated herein is hereby ratified, approved and adopted by Hiawassee, and the Mayor and Clerk are authorized and directed to execute said contract on behalf of the City.

SO RESOLVED, THIS 3<sup>RD</sup>. DAY OF MAY 2011.

BY: Barbara Mathis  
BARBARA MATHIS, MAYOR

Janet Allen  
JANET ALLEN, COUNCILMAN

Stephen H. Smith  
STEPHEN H. SMITH, COUNCILMAN

Pat Smith  
PAT SMITH, COUNCILMAN

Jay Chastain, Jr.  
JAY CHASTAIN, JR., COUNCILMAN

Joan Crothers  
JOAN CROTHERS, COUNCILMAN

Adoption Certified by:

Wylene White  
Wylene White, City Clerk

[CITY SEAL]



TOWNS COUNTY STATE  
OF GEORGIA

2011 WHOLESALE WATER AGREEMENT  
BETWEEN THE CITY OF HIAWASSEE  
AND THE TOWNS COUNTY WATER AND SEWER AUTHORITY

THIS CONTRACT AND AGREEMENT made and entered into as of the \_\_\_ day of \_\_\_\_\_, 2011, between the Towns County Water and Sewer Authority ("TCWSA"), a local Authority created by a local act of the State of Georgia, (hereinafter referred to as "TCWSA"), acting by and through its duly constituted Chairman and Board members, and the City of Hiawassee, a municipal corporation and political subdivision of the State of Georgia ("CITY"), acting through its Mayor and Council members (hereinafter referred to as "CITY")

WITNESSETH:

WHEREAS, TCWSA has a water distribution system serving its water customers located in and surrounding Towns County, Georgia, and said TCWSA desires to contract for, obtain and ensure a wholesale supply of treated water from the CITY; and

WHEREAS, the CITY owns and operates a Water Treatment Plant located on the shores of Lake Chatuge, and is authorized by state and federal permit to provide treated water to its customers and to sale treated water for retail water distribution systems in Towns and surrounding Counties; and

WHEREAS, the CITY AND TCWSA have entered into prior agreements to share in water production and debt service costs for specific terms and whereas the CITY has given notice to TCWSA that it will not extend the existing agreement upon the current terms; and

WHEREAS, CITY is willing under a new agreement and within its ability and permits to provide the TCWSA with an adequate supply of treated water for distribution in the TCWSA system and to meet TCWSA present and foreseeable future water requirements; and

WHEREAS, CITY'S water supply is limited by its current withdrawal permit and plant and facility fixtures to no more than 2 million gallons maximum daily flow (withdrawal peak) and 1 5 million average monthly flow (withdrawal average); and

WHEREAS, CITY is willing to sell its treated water at a reasonable rate and TCWSA desires to purchase treated water for distribution to the TCWSA's water distribution system under the terms set out herein.

NOW, THEREFORE, in consideration of the premises and the mutual undertaking as hereinafter set out, it is mutually agreed by and between the TCWSA and the CITY, each acting by and through their duly authorized officials and governing authorities, and pursuant to resolutions duly, legally and properly adopted, all as same appear of record on the official minutes of the City of Hiawassee, Georgia, and the Towns County Water and Sewer Authority as follows:

1 TERM OF AGREEMENT

This Agreement shall apply to sales of water beginning June 1, 2011 and shall terminate on May 31, 2016.

2. CITY'S RESPONSIBILITY TO RESERVE CAPACITY TO TCWSA.

Effective upon execution of this agreement, and for the term of this Agreement, and for and in consideration of the sum specified herein and the mutual benefits to be derived by the parties hereto, CITY agrees to reserve up to 45% of the capacity of the Hiawassee Water Treatment Plant for use by and sale to the TCWSA on a monthly basis. Said reservation shall be subject to state and/or federal permits. Said reservation shall be conditioned on payment of all fees and charges established herein.

In the event TCWSA finds it necessary to purchase additional water from the City beyond those reserved amounts set forth in herein, the Mayor, City Manager and City Engineer may determine in the exercise of their discretion that CITY's Water System can supply the additional gallonage requested without adversely affecting City needs, including but not limited to, city water demand, water reserves and fire protection, and said gallonage may be supplied. Said amount beyond the amounts reserved to the TCWSA herein shall be billed at a then current rate plus 20%.

The City shall provide water to the City side of the master meters serving the TCWSA system. Said water shall meet all applicable state water quality standards.

3. TCWSA'S RESPONSIBILITY.

TCWSA shall maintain its own storage distribution and delivery system to service its present and future customers and shall be responsible for billing and collecting water service charges from its customers.

TCWSA shall be responsible for meeting all applicable water quality standards in TCWSA'S water distribution system on TCWSA's side of the metered delivery point. TCWSA shall be responsible for providing necessary equipment and measures to meet TCWSA'S system demands related to pressure and quantity that are higher than the water delivery condition agreed to herein.

TCWSA will indemnify and hold the City harmless for all acts by the Authority related to the operation of Authority's water distribution system past the above referenced delivery point. The City will indemnify and hold the TCWSA harmless for all acts by the City related to the operation of City's water treatment plant and water distribution system to the delivery point.

4 WHOLESALE WATER RATE

The City will bill TCWSA for its treated water usage as shown on the master meters at the delivery points on a monthly basis at the following rates. TCWSA agrees to pay the rate of One Dollar and Fifty (\$1.50) per thousand gallons of water up to 45% of plant capacity, and Amounts in excess of 45% of capacity shall be billed at a then current rate plus 20%.

The City shall pay the same rate for its water use as the Authority during the term of this Agreement. Additionally, should the City find it necessary and the Authority approves, the City may utilize water from the Authority's allocation at the same rates established herein for the Authority (current rate plus 20%).

5 SERVICE DELIVERY AREAS AND CHARGES RELATED TO SEWER SERVICE.

The City and TCWSA agree that in any Commercial Corridor as defined under the Towns County Service Delivery Strategy or any Local Government Service Agreement that if the City provides Sewer Service to any commercial customer, the City shall have the right to provide water to that sewer customer. In the event that the City utilizes water from any water line owned by the Authority, that such service shall be metered separately at the City's expense and any water used shall be billed by the Authority to the City at the rate of cost plus five percent (5%). This provision shall apply only to new customers provided sewer service after the effective date of this agreement.

Notwithstanding any provision to the contrary, no water sold to the City shall be counted against or used to reduce the amounts otherwise allocated to the Authority by agreement or in any way affect the Authority's reserve capacity.

6. FORMULA FOR COST AND BILLING TEMPLATE.

Attached hereto as Exhibit "A" and incorporated herein is the Formula used to determine cost at \$1.50. Said formula and its components are agreed by the parties to be those factors necessary to determine costs for water production and distribution by the City to the Authority. The cost of \$1.50 may be reevaluated from time to time by the parties to establish a rate necessary to meet the obligations of the parties under the formula. The formula may be adjusted during the term of this agreement by mutual agreement as necessary to ensure the financial and operational stability of the water plant and as necessary to meet all legal and permit requirements for water production.

Attached hereto as Exhibit "B" is the Billing Template showing the existing Monthly Billing Methodology used under the Short Term Agreement between the parties. The parties agree to utilize this Billing Template as it now exists for the Monthly Billing under this agreement.

7 AGREED REPAIRS AND CAPITAL IMPROVEMENTS

The City of Hiwassee agrees to allocate up to \$200,000.00 due to the City from SPLOST proceeds when received towards the upgrade or replacement of the Water Intake at the Hiwassee Water Plant. Such contribution by the City shall not be used in future calculations of cost under the formula agreed herein and shall not otherwise be charged to the City or Authority under the wholesale rate.

Additionally, the City and the Authority agree to contribute up to \$250,000.00 each toward the addition of a third water filter and related fixtures to ensure adequate water supply whenever any filter is down for repairs or maintenance. The parties acknowledge that with current water demands, there are times of the year when operation of two filters for twenty four hours is not adequate to meet water demand and places both the City and the Authority customers at risk due to line breakage and fire protection needs. Each party shall independently determine how best to fund this improvement.

Should the City receive any state or federal funding towards the addition of a water filter and related fixtures, credit will be given equally to each party toward the \$250,000.00 commitment made by each herein.

8 EMERGENCY RULES AND REGULATIONS

TCWSA and the City agrees to comply with all rules and regulations which the State of Georgia and its departments and agencies thereof, the Tennessee Valley Authority, any Federal Agency, and/or the TCWSA or CITY now or may in the future impose on its water customers during emergency circumstances that may include, but shall not be limited to, such emergency measures as reduction on water usage, drought restrictions, bans on water sprinkling, hydrant flushing, car washing and similar uses.

9. EXISTING BOND PAYMENTS & REVENUE BOND LAW.

It is the understanding of the undersigned parties that existing water treatment plant & related facilities are funded with bond payments and the obligation of each party to make bond payments will not be affected or changed in any manner whatsoever by the terms of this agreement.

10. SEVERABILITY.

If any phrase, clause, sentence, paragraph or section of this contract shall be held invalid or unconstitutional by any court of competent jurisdiction of this State or of the United States, such adjudication shall not affect any of the remaining provisions hereof, all of which shall remain in full force and effect.

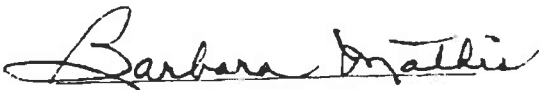
11. WAIVER

A failure to initiate action as to any breach shall not be deemed a waiver of that right of action and

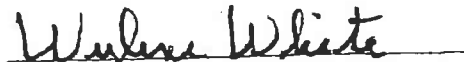
all such rights of action shall be cumulative

IN WITNESS WHEREOF, the parties hereto acting by and through their duly authorized officers, pursuant to appropriate resolutions duly and properly adopted by each party, have caused this Agreement to be executed in duplicate and the official seals of each properly affixed, as of the day and year first above written.

CITY OF HIAWASSEE

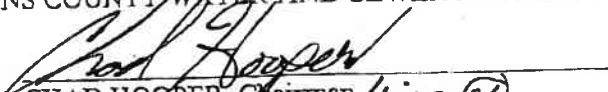
By   
BARBARA MATHIS, Mayor

ATTEST:

  
WYLENE WHITE, Clerk

(CITY SEAL)

TOWNS COUNTY WATER AND SEWER AUTHORITY

  
CHAD HOOVER, Chairman / vice (CD)

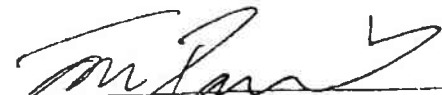
ATTEST:

  
Clerk

(SEAL)

Approved as to Form:

By:   
STEPHANIE MCCONNELL, City Attorney

By:   
TOM DANIEL, TCWSA Attorney

**Exhibit "A"**  
**CITY OF HIAWASSEE**  
**WATER COST CALCULATION BY USER TYPE**

Authority at 0.675 MGD and 62.9% Usage

Water Usage	TOTAL	Authority
Annual Usage in MGD	1.073	0.675
Annual Usage in 1,000 gallons per year	391,645	246,375
Percent Water Usage at Water Treatment Plant	100%	62.9%
<b>WATER DISTRIBUTION</b>		
	<i>Insert Annual Cost for Each Item</i>	Authority
WATER ADMINISTRATION	95,562	\$ 4,778
WATER TREATMENT	419,780	\$ 264,074
Tank Maintenance	17,500	\$ 4,725
Booster Pump Maintenance	28,500	\$ -
Waterline Maintenance	42,378	\$ 6,357
Booster Pump Electrical	7,284	\$ -
Water Tank Electrical	2,620	\$ 1,127
Other Electrical	1,232	\$ 185
Personal Services	210,292	\$ 31,544
Professional Services	26,123	\$ 3,918
General Supplies/Materials	65,042	\$ 9,756
Purchased Water	157,707	\$ -
Other Costs	46,536	\$ 6,980
Depreciation	237,585	\$ 36,638
DEBT SERVICE (Existing)	212,956	\$ -
<b>TOTAL ANNUAL COST</b>	<b>1,571,097</b>	<b>\$ 369,082</b>
<b>COST PER 1000 GAL</b>	<b>4.01</b>	<b>\$ 1.50</b>

EXHIBIT 'B'

TOWNS COUNTY WATER AND SEWER AUTHORITY  
MONTHLY WATER BILL

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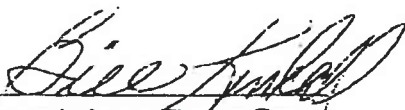
Billing for month of	Feb-11		
Days in month:	28		
TCWSA total water usage for month:			14,548,000 gal
Monthly average allowable usage =	28 days x	675,000 gal =	18,900,000 gal
Monthly overage amount:			4,352,000 gal
Bill for usage up to the average allowable =	14,548,000 gal x	1.50/1000 =	\$21,822.00
Bill for monthly overage usage =	0	1.80/1000 =	\$0.00
Total Bill for Month:			<hr/> \$21,822.00

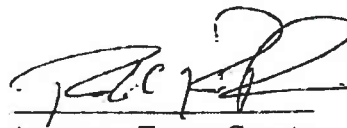
REMIT PAYMENT TO CITY OF HIAWASSEE

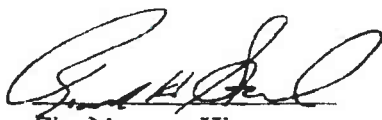
MEMORANDUM OF AGREEMENT IN MEDIATION

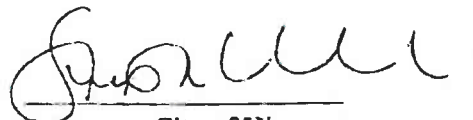
- 1) Towns County and the City of Hiwassee agree that a long-term agreement has been reached with the TCWA whereby the city will be paid cost from the sale of wholesale water. The city agrees the differential rate will be set at 12.00% for a period of no less than 24 months from the effective date of any wholesale agreement. At the end of 24 months, the city will re-evaluate the differential rate based on a current Cost Allocation Report consistent with the Hiwassee Water Production cost Allocation Report dated May, 2010.
- 2) Attached hereto as Exhibit "A" is language agreed to by Towns County and Hiwassee relating to the 35 foot building limitations now in effect.
- 3) Attached hereto as Exhibit "B" is a Map for the Hiwassee Service Delivery Area for Water and Sewer Service. The County and City agree to said service delivery area for Hiwassee.

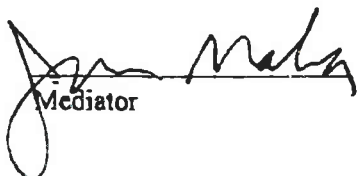
Agreed to the 26<sup>th</sup> day of April, 2011.

  
Commissioner, Towns County

  
Attorney, Towns County

  
City Manager, Hiwassee

  
Attorney, City of Hiwassee

  
Mediator



**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>
Towns County	Fire Tax Revenue

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

Fire & Rescue Services are provided by Towns County in the unincorporated and the incorporated areas of this community. The Towns County Fire Rescue Department is a paid/on call agency comprised of a small paid staff supplemented by trained and State certified volunteers. These members respond to a wide array of emergencies from six strategically located and equipped fire stations sited throughout the county. Whenever an emergency occurs, the closest fire station and members respond, supplemented by additional stations and members as the incident and protocol dictates. The Department also provides first responder medical service, backing up the County's EMS Department. Fire & Rescue Services are funded through a voter approved Special Fire Tax of .5 mills( which is adjusted by a roll back when required by state law to avoid an artificial tax increase due to exceptionally high tax assessment increases.) This rate is applied against all taxable properties with in Towns County including the municipalities and is used to fund the Department. Some Fire and Rescue funding was also included in the county's list of SPLOST projects and approved by the voters. The County and the City of Hiawassee currently has a 35-foot building height code that limits the height of any newly constructed buildings to 35 foot according to ISO guidelines for determining building heights. With the limited exception of Young Harris College, Young Harris has a 35-foot building height code that limits the height of any newly constructed building according to ISO guidelines. The County and each city will maintain the 35-foot building height code as each now exists in place during the term of this Agreement. Each local government will vigorously defend this building limitation if subject to judicial review.

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?

Local Legislation passed in 2005 for .500 mills of property tax to be collected to fund a paid fire department. ???

7. Person completing form: **Andrea Anderson, Deputy Clerk**  
 Phone number: **706-896-2276**      Date completed: **October 19, 2010**

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

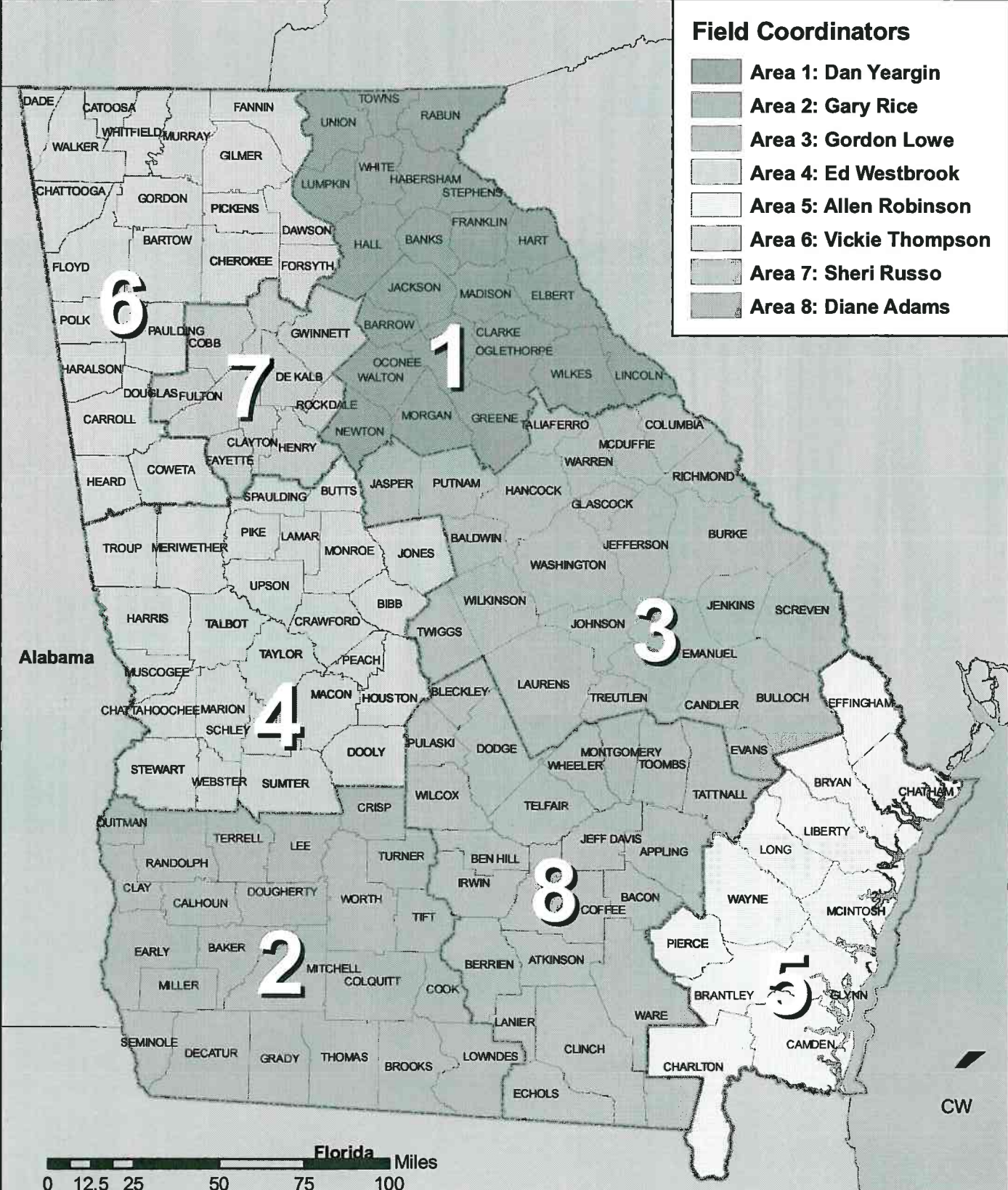


# GEMA Field Coordinator Areas

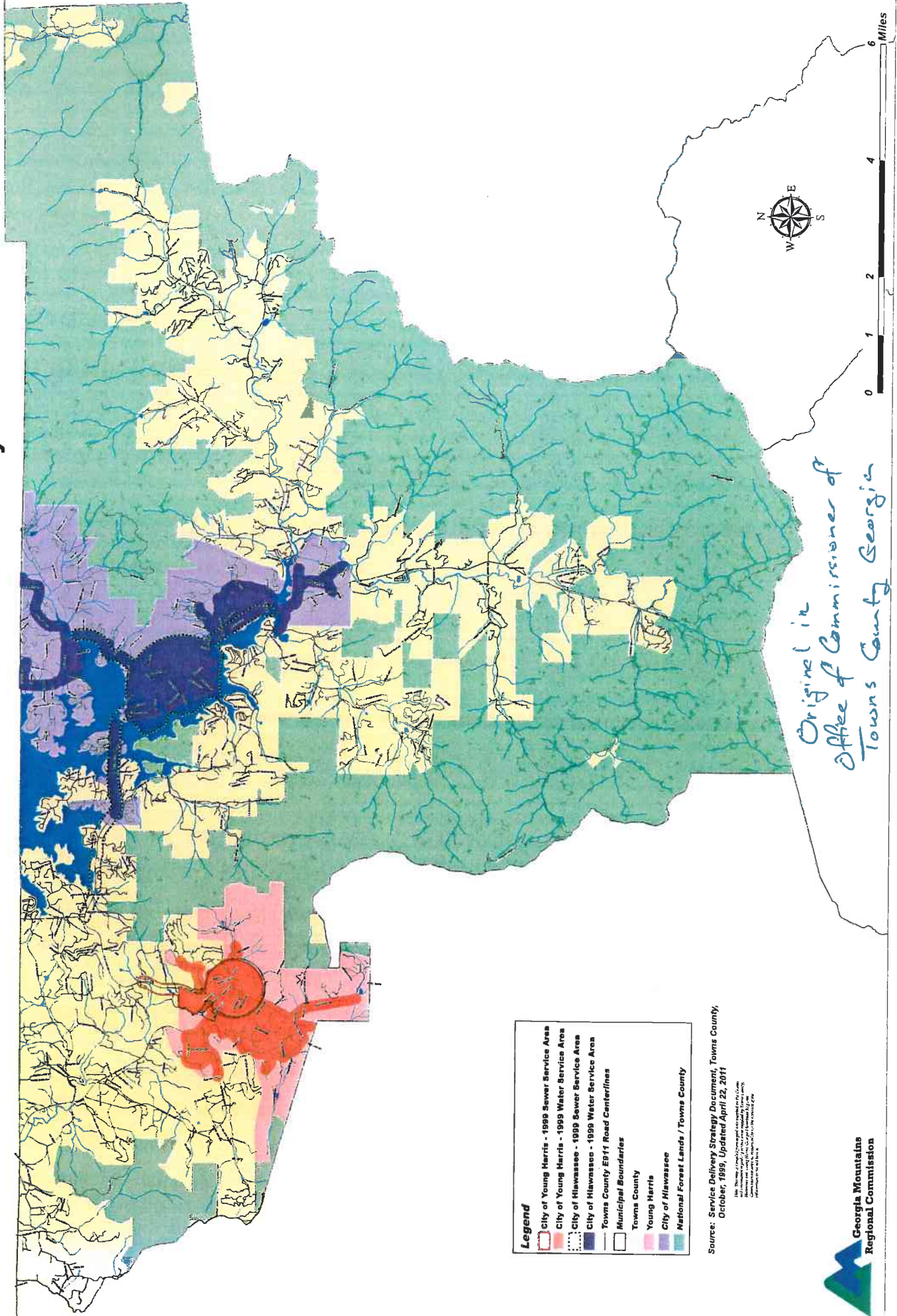
August 17, 2010

## Field Coordinators

-  Area 1: Dan Yeargin
-  Area 2: Gary Rice
-  Area 3: Gordon Lowe
-  Area 4: Ed Westbrook
-  Area 5: Allen Robinson
-  Area 6: Vickie Thompson
-  Area 7: Sheri Russo
-  Area 8: Diane Adams



# Towns County, Georgia 1999 and 2011 Water and Sewer Service Delivery Areas



Source: Service Delivery Strategy Document, Towns County, October, 1999, Updated April 22, 2011

This map is a computer-generated map and does not represent an official map of the State of Georgia. It is for informational purposes only and should not be used for legal or official purposes.