





FORM 1

COUNTY: Troup

INSTRUCTIONS:

After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click "Submit Form" to be directed to the next step.

These are the same forms and information DCA had previously been collecting, only in a new electronic format.

FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services 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.)

FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service.

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.)

If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isnt needed, go directly to the FORM 5 tab at the top.

FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.

FORM 4 is for Local Government Certifications of New or Revised Services.

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.)

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements.

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.)

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.

Downtown LaGrange Development Authority **Downtown West Point Development Authority** Hogansville **Hogansville Development Authority** Housing Authority of Hogansville Housing Authority of LaGrange Housing Authority of West Point LaGrange LaGrange Development Authority **Troup County Troup County Airport Authority Troup county Development Authority Troup Family Connections Authority** West Point West Point Development Authority West Point Lake Development 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.

Airport Alt. Dispute Animal Control **Animal Shelter** Archives **Broadband Communications Business Licenses** Cemeteries **Code Enforcement Commercial Sanitation Community Service** Coroner **Court Administration** Data Processing **Department of Family and Children Services** E-911 **Economic Development** Elections **Electric Utility Emergency Management Emergency Management Service Extension Service Fire Protection Fleet Maintenance** Health Department **Human Resources Indigent Defense Infrastructure Development Districts Inmate Details** Jails **Juvenile Courts** Law Enforcement Libraries **Magistrate Court Marshals Office Mental Health Municipal Court** Natural Gas Parks and Recreation **Planning and Zoning Probate Court** Public Housing **Public Prosecution Public Works Camp** Purchasing Recycling **Road Maintenance** Sanitation Sewage Collection Sidewalks State/Superior Court **Tax Appraisal Tax Collection Telecommunications** Vehicle Registration **Veterans Service Victims Witness Service Voter Registration** Water Pollution Control Water Supply/Distribution







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of	tion III. Use exactly the same service names listed on FURM 1. Answer each question below, attaching of the page) changes, this should be reported to the Department of Community Affairs.
COUNTY: Troup	Service: Airport
1. Check the box that best describes the agreed upon delivery arra	ngement for this service:
Service will be provided countywide (i.e., including all cities ar identify the government, authority or organization providing th Troup County	nd unincorporated areas) by a single service provider. (If this box is checked, le service.):
Service will be provided only in the unincorporated portion of t government, authority or organization providing the service.):	the county by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their ind (If this box is checked, identify the government(s), authority or	corporated boundaries, and the service will not be provided in unincorporated areas. r organization providing the service:
One or more cities will provide this service only within their ind areas. (If this box is checked, identify the government(s), auth	corporated boundaries, and the county will provide the service in unincorporated nority or organization providing the service.):
Other (If this box is checked, attach a legible map delineatin authority, or other organization that will provide service within	ng the service area of each service provider, and identify the government, and each service area.):
2. In developing this strategy, were overlapping service areas, unne	ecessary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation as des ☑ No 	scribed, below)
If these conditions will continue under this strategy, attach an expl	anation 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 dupli eliminated).	ication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an eliminate them, the responsible party and the agreed upon deadline	implementation schedule listing each step or action that will be taken to e for completing it.

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
Troup County Airport Authority	Enterprise Funds	
4. How will the strategy change the previous arr	rangements for providing and/or funding this service within the county?	
This was a jointly funded service.Troup Cour	nty will fund countywide.	
5. List any formal service delivery agreements of	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
Assembly, rate or fee changes, etc.), and wh	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
None		
 7. Person completing form: Nancy Seegar, Tro Phone number: (706) 883-1650 Date cor 	pup County Planner mpleted: 10/19/2011	
8. Is this the person who should be contacted b service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	rojects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

COUNTY: Troup	Service: Alt. Dispute
1. Check the box that best describes the agreed upon deliv	/ery arrangement for this service:
Service will be provided countywide (i.e., including all identify the government, authority or organization prov Troup County	l cities and unincorporated areas) by a single service provider. (If this box is checked, viding the service.):
Service will be provided only in the unincorporated po government, authority or organization providing the se	ortion of the county by a single service provider. (If this box is checked, identify the ervice.):
One or more cities will provide this service only within (If this box is checked, identify the government(s), aut	n their incorporated boundaries, and the service will not be provided in unincorporated areas. thority or organization providing the service:
One or more cities will provide this service only within areas. (If this box is checked, identify the government	n their incorporated boundaries, and the county will provide the service in unincorporated t(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map de authority, or other organization that will provide service	elineating the service area of each service provider, and identify the government, ice within each service area.):
2. In developing this strategy, were overlapping service are	eas, unnecessary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation ☑ No 	on as described, below)
•••	an explanation for continuing the arrangement (i.e., overlapping but higher levels of the duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, att eliminate them, the responsible party and the agreed upon	tach an implementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
4. How will the strategy change the previous arr	angements for providing and/or funding this service within the county?	
No change		
5. List any formal service delivery agreements of	or intergovernmental contracts that will be used to implement the strateg	ly for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
Assembly, rate or fee changes, etc.), and wh	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General
none		
 7. Person completing form: Nancy Seegar, Tro Phone number: (706) 883-1650 Date cor 	up County Planner npleted: 10/19/2011	
8. Is this the person who should be contacted b service delivery strategy? Yes	y state agencies when evaluating whether proposed local government p	projects are consistent with the
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:	

additional pages as necessary. If the contact person for this service listed on FORM 1, section III. Us	
COUNTY: Troup	Service: Animal Control
1. Check the box that best describes the agreed upon delivery arrangemen	It for this service:
Service will be provided countywide (i.e., including all cities and uninc identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, Troup County	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).	
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for con	

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

Local Government or Authority	Funding Method	
Hogansville	General Funds	
LaGrange	General Funds	
Troup County	Special Service District Revenues	
West Point	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
This service was previously funded through	the general fund revenues of Troup County. the Cities and County	agreed that an
unincorporated service district would be esta	ablished and this service will be funded from that revenue. The ree	nues to offset the
	nnce premium tax, beverage tax, franchise tax, hotel tax, building p	ermits, business license,
bank license, mobile home permits, driveway	//timber permits, Hogansville fire contract fees, flood control,	
5. List any formal service delivery agreements of	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
West Point Animal Control Contract	City of West Point Troup County	3/17/1997-3/16/1998
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?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/19/2011		
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		
If not, provide designated contact person(s) and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Animal Shelter
1. Check the box that best describes the agreed upon delivery arrangement	
Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se	
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, ☑ No 	below)
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).	
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr	

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

Local Government or Authority	Funding Method
Hogansville	User Fees
LaGrange	User Fees
Troup County	User Fees
West Point	General Funds

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

n/a

none

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

Agreeme	ent Name	Contracting Parties	Effective and Ending Dates
Animal Shelter Service	s for Troup County City	y of LaGrange/Troup County	4/12/1997-4/11/1998
Animal Shelter Service	s for West Point City	y of West Point/Chatt. Valley Humane Society	4/12/1997-4/11/1998

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

7. Person completing form: Nancy Seegar, Troup County Planner

Phone number: (706) 883-1650 Date completed: 10/19/2011

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

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







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Archives		
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 count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize LaGrange, Troup County	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
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, I ☑ No 	below)		
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 impleme eliminate them, the responsible party and the agreed upon deadline for com			

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

Local Government or Authority	Local Government or Authority Funding Method		
LaGrange	General Funds		
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/19/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Vake 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.	

co	JNTY: Troup	Service: Broadband Communications		
1. C	heck the box that best describes the agreed upon delivery arrangement	for this service:		
V	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.): LaGrange			
	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 incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o			
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea	······································		
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)		
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).				
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
elim	eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method		
LaGrange	User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/19/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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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.				
COI	UNTY: Troup	Service: Business Licenses		
1. Cl	heck the box that best describes the agreed upon delivery arrangement	for this service:		
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service			
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)		
servi	ese conditions will continue under this strategy, attach an explanation in the conditions will continue under this strategy, attach an explanation in the condition of the duplication, or the duplication (the duplication).			
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Hogansville	Business License Fee		
LaGrange	Business License Fee		
Troup County	Business License Fee		
West Point	Business License Fee		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
This service was previously funded through	Troup County's general fund revenues. The Cities and County agre	ed that an Unincorporated	
Service District would be established and thi	s service would be funded from that revenue.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/19/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service listed on FORM 1, section in. Use exactly the same service names insted 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: Troup	Service: Cemeteries	
1. Check the box that best describes the agreed upon delivery arrangement	t 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se		
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, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c eliminated).		
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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

Local Government or Authority	Funding Method		
Hogansville	User Fees		
LaGrange	User Fees		
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Code Enforcement	
1. Check the box that best describes the agreed upon delivery arrangen	nent 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 constraint government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or orga	prated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:	
One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority Hogansville, LaGrange, Troup County, West Point	prated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating th</u> authority, or other organization that will provide service within each	ne service area of each service provider, and identify the government, th service area.):	
2. In developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as describe ☑ No 	ed, below)	
If these conditions will continue under this strategy, attach an explanati service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicatio eliminated).	tion for continuing the arrangement (i.e., overlapping but higher levels of on, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an imple eliminate them, the responsible party and the agreed upon deadline for		

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

Local Government or Authority	Funding Method		
Hogansville	Building Permits		
LaGrange	Building Permits		
Troup County	Building Permits		
West Point	Building Permits, General Fund		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
This service was previously funded through	Troup County's general fund revenues. The City and County agreed	d that an Unincorporated	
Service District woudl be established and the	e service would be funded from those revenues.	-	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instru	ctions

	f this form and complete one for each service listed on FORM 1, Section III. Use s as necessary. If the contact person for this service (listed at the bottom of the page)	e exactly the same service names listed on FORM 1. Answer each question below, attaching) changes, this should be reported to the Department of Community Affairs.
COUNTY:	Troup	Service: Commercial Sanitation
1. Check the	e box that best describes the agreed upon delivery arrangement	for this service:
	y the government, authority or organization providing the service	prporated areas) by a single service provider. (If this box is checked, e.):
	e will be provided only in the unincorporated portion of the count nment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	r more cities will provide this service only within their incorporate box is checked, identify the government(s), authority or organization	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	r more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or c	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	(If this box is checked, attach a legible map delineating the se rity, or other organization that will provide service within each se	ervice area of each service provider, and identify the government, ervice area.):
2. In develo	ping this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
☐ Yes (if ✓ No	'Yes', you must attach additional documentation as described, I	pelow)
		for continuing the arrangement (i.e., overlapping but higher levels of r reasons that overlapping service areas or competition cannot be
	We are settled as the first and an the structure of the state of the s	and a the second state. The the second states are a set to a the star 20 hours of the

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

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

Local Government or Authority	Funding Method		
Hogansville	Contract with private service provider		
LaGrange	Enterprise fund, User fees		
West Point	Enterprise fund, General fund		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
none			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
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?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.				
со	UNTY: Troup	Service: Community Service		
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:		
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the		
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz LaGrange	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se	· · · · · ·		
2. In	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, No	below)		
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to				

Page 1 of 2

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
LaGrange	Fines, forfeitures		
West Point	Fines, Forfeitures		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

COUNTY: Troup	Service: Coroner	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., including all c identify the government, authority or organization provid Troup County	cities and unincorporated areas) by a single service provider. (If this box is checked, iding the service.):	
Service will be provided only in the unincorporated port government, authority or organization providing the ser	tion of the county by a single service provider. (If this box is checked, identify the rvice.):	
One or more cities will provide this service only within t (If this box is checked, identify the government(s), auth	their incorporated boundaries, and the service will not be provided in unincorporated areas. nority or organization providing the service:	
One or more cities will provide this service only within t areas. (If this box is checked, identify the government(s	their incorporated boundaries, and the county will provide the service in unincorporated s), authority or organization providing the service.):	
Other (If this box is checked, attach a legible map del authority, or other organization that will provide service	lineating the service area of each service provider , and identify the government, e within each service area.):	
2. In developing this strategy, were overlapping service area	as, unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation ☑ No 	n as described, below)	
••••	an explanation for continuing the arrangement (i.e., overlapping but higher levels of ne duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, <u>atta</u> eliminate them, the responsible party and the agreed upon d	ach an implementation schedule listing each step or action that will be taken to	

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

Local Government or Authority	Funding Method		
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.		
со	UNTY: Troup	Service: Court Administration
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:
	Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	/ competition and/or duplication of this service identified?
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to

Page 1 of 2

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
ogansville General Funds, Fines, Forfeitures			
LaGrange	aGrange General Funds, Fines, Forfeitures		
Troup County			
West Point	/est Point General Funds, Fines, Forfeitures		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service listed on POKM 1, section in. Ose exactly the same service names instea on POKM 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: Troup	Service: Data Processing		
1. Check the box that best describes the agreed upon delivery arrangement	t 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se			
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, ☑ No 	below)		
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).			
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr			

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

Local Government or Authority	Funding Method		
Hogansville			
LaGrange	General Funds		
Troup County	General Funds		
West Point	/est Point General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.	

COL	COUNTY: Troup Service: Department of Family and Children Services			
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:		
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service. Troup County			
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza	d boundaries, and the service will not be provided in unincorporated areas. tion providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o			
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each serv	, , , , , , , , , , , , , , , , ,		
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?		
\square	Yes (if 'Yes', you must attach additional documentation as described, b No	elow)		
If the	ese conditions will continue under this strategy, attach an explanation f	or continuing the arrangement (i.e., overlapping but higher levels of		
servi	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			
elimi	eliminated).			
	ese conditions will be eliminated under the strategy, attach an implementation and the agreed upon deadline for comp			

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

Local Government or Authority	Funding Method		
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	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.):		
Service will be provided only in the unincorporated portion of the con- government, authority or organization providing the service.):	unty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of Hogansville, LaGrange, Troup County, West Point	ated boundaries, and the county will provide the service in unincorporated 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 ☑ No 	d, below)	
If these conditions will continue under this strategy, attach an explanation	on 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 eliminated).	, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an imple	mentation schedule listing each step or action that will be taken to	
eliminate them, the responsible party and the agreed upon deadline for co	ompleting it.	

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

Local Government or Authority	Funding Method		
Hogansville	Telephone subscriber fees, General Fund		
LaGrange	Telephone subscriber fees, General Fund		
Troup County	Telephone subscriber fees, General Fund		
West Point	Telephone subscriber fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			

Page 2 of 2






FORM 2: Summary of Service Delivery Arrangements

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.		
со	UNTY: Troup	Service: Economic Development
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or a Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the search authority, or other organization that will provide service within each search at the search at	
2. In	n 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, No	below)
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	vice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method			
Hogansville				
LaGrange	General Funds			
Froup County General Funds				
West Point				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
no change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Elections		
1. Check the box that best describes the agreed upon delivery arrangemen	it 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.): Troup County			
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the		
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 s authority, or other organization that will provide service within each se			
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?		
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)		
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).			
If these conditions will be eliminated under the strategy, attach an implement eliminate them, the responsible party and the agreed upon deadline for con			

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

Local Government or Authority	Funding Method			
Hogansville				
LaGrange	General Funds			
Froup County General Funds				
West Point				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
no change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service listed on FORM 1, section in. Use exactly the same service names insted 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: Troup	Service: Electric Utility		
1. Check the box that best describes the agreed upon delivery arrangement	t 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In developing this strategy, were overlapping service areas, unnecessary	¹ competition and/or duplication of this service identified?		
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)		
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 impleme eliminate them, the responsible party and the agreed upon deadline for corr			

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

Local Government or Authority	Funding Method		
Hogansville	Enterprise Funds		
LaGrange	Enterprise Funds		
West Point	Enterprise Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup		Service: Emergency Management
1. Ch	eck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service Troup County	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	
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, I No	pelow)
servio	se conditions will continue under this strategy, attach an explanation to be a conditions will continue under this strategy, attach an explanation of the duplication, o hated).	for continuing the arrangement (i.e., overlapping but higher levels of r reasons that overlapping service areas or competition cannot be
If the	se conditions will be eliminated under the strategy, attach an implement	ntation schadula licting each step or action that will be taken to

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority Funding Method			
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instru	ctions

COUNTY: Troup	Service: Emergency Management Service	
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.		
Wake 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		

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.):
 Hogansville, LaGrange, Troup County, West Point

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, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority	Funding Method		
Hogansville			
LaGrange	General Funds		
Troup County	General Funds		
West Point			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
Troup County contracts for countywide services.			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.			
со	UNTY: Troup	Service: Extension Service	
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Troup County		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	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 incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the saturation authority, or other organization that will provide service within each saturation that will provide service within each saturation at the saturation of the saturation		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
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			

Page 1 of 2

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 10/25/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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.		
οοι	JNTY: Troup	Service: Fire Protection
1. Cł	neck 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second second service within each second second service within each second second second service within each second se	
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, No	below)
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.		

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

Local Government or Authority	Funding Method		
Hogansville	Contract with Troup County		
LaGrange	General Funds		
Troup County	USD, General Fund		
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
This service was previously funded through the general fund revenues. The city and county agreed to establish an unincoporated service district that would fund this service.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Fleet Maintenance	
1. Check the box that best describes the agreed upon delivery arrangement	ent 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 incorpora (If this box is checked, identify the government(s), authority or organ	ated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority on Hogansville, LaGrange, Troup County, West Point	ated boundaries, and the county will provide the service in unincorporated 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 ☑ No 	d, below)	
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.		

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

Local Government or Authority	Funding Method	
Hogansville	General Funds	
LaGrange	General Funds	
Troup County	USD funds if in unincorporated areas	
West Point	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011		
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		
If not, provide designated contact person(s) and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.		
со	JNTY: Troup	Service: Health Department
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Troup County	
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011		
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Human Resources	
1. Check the box that best describes the agreed upon delivery arrangement	ent 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 co government, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organ	rated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority of Hogansville, LaGrange, Troup County	rated boundaries, and the county will provide the service in unincorporated 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, unnecess	ary competition and/or duplication of this service identified?	
 Yes (if 'Yes', you must attach additional documentation as describe No 	d, below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication eliminated).	on for continuing the arrangement (i.e., overlapping but higher levels of n, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an imple eliminate them, the responsible party and the agreed upon deadline for c		

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

Local Government or Authority	Funding Method	
Hogansville	General Funds	
LaGrange	General Funds	
Troup County	General Funds	
West Point	General Funds	
	rangements for providing and/or funding this service within the county?	
No change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011		
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		
If not, provide designated contact person(s) and phone numbers(s) below:		

Page 2 of 2







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

COUNTY: Troup	Service: Indigent Defense	
1. Check the box that best describes the agreed upon de	elivery arrangement for this service:	
Service will be provided countywide (i.e., including identify the government, authority or organization p Troup County	all cities and unincorporated areas) by a single service provider. (If this box is checked, providing the service.):	
Service will be provided only in the unincorporated government, authority or organization providing the	portion of the county by a single service provider. (If this box is checked, identify the service.):	
One or more cities will provide this service only with (If this box is checked, identify the government(s), a	hin their incorporated boundaries, and the service will not be provided in unincorporated areas. 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 set	rvice within each service area.):	
2. In developing this strategy, were overlapping service a	areas, unnecessary competition and/or duplication of this service identified?	
 Yes (if 'Yes', you must attach additional documentation of the second sec	ation as described, below)	
• <u> </u>	ch an explanation for continuing the arrangement (i.e., overlapping but higher levels of of the duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, eliminate them, the responsible party and the agreed upo	attach an implementation schedule listing each step or action that will be taken to	

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011		
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

	Service: Infrastructure Development Districts
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.
Make copies of this form and complete one for each service listed on FORM 1, Section III. Us	e exactly the same service names listed on FORM 1. Answer each question below, attaching

COUNTY: Troup		Service: Infrastructure Development Districts	
1. CI	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 uninco identify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c Hogansville, LaGrange, Troup County, West Point		
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	······································	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, b	elow)	
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.

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

Local Government or Authority	Funding Method		
Hogansville	Developer financed bond indebtedness		
LaGrange	Developer financed bond indebtedness		
Troup County	Developer financed bond indebtedness		
West Point	Developer financed bond indebtedness		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
If the state-wide referendum for Infrastructure Development Districts(IDD) passes in November 2008, then neither Troup County, LaGrange, West Point nor Hogansville shall approve an IDD without the consent of those cities required to consent to an amendment to the Service Delivery Strategy (SDS) pursuant to O.C.G.A. 36-70-25			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s)	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Inmate Details	
1. Check the box that best describes the agreed upon delivery arrangemen	It 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.): Troup County		
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
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 incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).		
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for cor		

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

Local Government or Authority Funding Method			
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
LaGrange, Hogansville and West Point will n	o longer pay for inmate work details. Troup County will fund count	ywide.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page		
COUNTY: Troup	Service: Jails	
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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se		
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, ☑ No 	below)	
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, o eliminated).	r reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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

Local Government or Authority	Funding Method		
Hogansville	General Funds		
LaGrange	General Funds		
Troup County General Funds, Contract services			
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Juvenile Courts	
1. Check the box that best describes the agreed upon delivery arrangement	t 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.): Troup County		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
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 second authority, or other organization that will provide service within each second		
2. In developing this strategy, were overlapping service areas, unnecessary	v competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c eliminated).		
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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

Local Government or Authority	Funding Method	Funding Method	
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	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.):		
Service will be provided only in the unincorporated portion of the c government, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or orga	prated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:	
One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority Hogansville, LaGrange, Troup County, West Point	prated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating th</u> authority, or other organization that will provide service within eac	e service area of each service provider , and identify the government, h service area.):	
2. In developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?	
 Yes (if 'Yes', you must attach additional documentation as describ No 	ed, below)	
If these conditions will continue under this strategy, attach an explanat	ion 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 eliminated).	n, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an impl eliminate them, the responsible party and the agreed upon deadline for		
commutate them, the responsible party and the agreed upon deduille for	completing it.	

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

Local Government or Authority	Funding Method			
Hogansville	General Funds			
LaGrange	General Funds			
Troup County	General Funds			
West Point	General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the	and Use exactly the same service names listed on PORM 1. Answer each question below, attaching epoge) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Troup	Service: Libraries	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Troup County		
Service will be provided only in the unincorporated portion of the or government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorport (If this box is checked, identify the government(s), authority or org	orated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:	
One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated y or organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each other organization that will provide service within each other ot	he service area of each service provider, and identify the government, ch service area.):	
2. In developing this strategy, were overlapping service areas, unneces	ssary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as describ ☑ No 	oed, below)	
If these conditions will continue under this strategy, attach an explanat	tion 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 eliminated).	on, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an impletion eliminate them, the responsible party and the agreed upon deadline for		

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

Local Government or Authority	Funding Method			
Troup County	General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
This service was jointly funded. Troup Count	y will fund countywide.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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: Troup	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 citie identify the government, authority or organization providin Troup County	es and unincorporated areas) by a single service provider. (If this box is checked, ng the service.):	
Service will be provided only in the unincorporated portion government, authority or organization providing the service	n of the county by a single service provider. (If this box is checked, identify the ce.):	
One or more cities will provide this service only within the (If this box is checked, identify the government(s), authori	ir incorporated boundaries, and the service will not be provided in unincorporated areas. ity or organization providing the service:	
One or more cities will provide this service only within the areas. (If this box is checked, identify the government(s),	ir incorporated boundaries, and the county will provide the service in unincorporated authority or organization providing the service.):	
Other (If this box is checked, <u>attach a legible map deline</u> authority, or other organization that will provide service w	eating the service area of each service provider, and identify the government, vithin 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 ☑ No 	s described, below)	
	explanation for continuing the arrangement (i.e., overlapping but higher levels of duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach eliminate them, the responsible party and the agreed upon dea	an implementation schedule listing each step or action that will be taken to adline for completing it.	

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

Local Government or Authority	Funding Method			
Troup County	General Fund, fines and forfeitures			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			






FORM 2: Summary of Service Delivery Arrangements

COUNTY: Troup	Service: Marshals Office
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all identify the government, authority or organization prov Troup County	I cities and unincorporated areas) by a single service provider. (If this box is checked, oviding the service.):
Service will be provided only in the unincorporated po government, authority or organization providing the se	ortion of the county by a single service provider. (If this box is checked, identify the service.):
One or more cities will provide this service only within (If this box is checked, identify the government(s), aut	n their incorporated boundaries, and the service will not be provided in unincorporated areas. Ithority or organization providing the service:
One or more cities will provide this service only within areas. (If this box is checked, identify the government	n their incorporated boundaries, and the county will provide the service in unincorporated t(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map de authority, or other organization that will provide service	lelineating the service area of each service provider , and identify the government, ice within each service area.):
2. In developing this strategy, were overlapping service are	eas, unnecessary competition and/or duplication of this service identified?
 Yes (if 'Yes', you must attach additional documentation No 	on as described, below)
••• <u> </u>	an explanation for continuing the arrangement (i.e., overlapping but higher levels of the duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, <u>att</u> eliminate them, the responsible party and the agreed upon	tach an implementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	ly for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, TroPhone number: (706) 883-1650 Date cor	up County Planner npleted: 11/7/2011	
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the pag	e) changes, this should be reported to the Department of Community Affairs.
COUNTY: Troup	Service: Mental Health
1. Check the box that best describes the agreed upon delivery arrangemer	nt for this service:
Service will be provided countywide (i.e., including all cities and uning identify the government, authority or organization providing the servic Troup County	
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organic	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each s	
2. In developing this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?
 Yes (if 'Yes', you must attach additional documentation as described, No 	below)
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).	
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for co	

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

Local Government or Authority	Funding Method	
Troup County	General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	ly for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, TroPhone number: (706) 883-1650 Date cor	up County Planner npleted: 11/7/2011	
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Municipal Court	
1. Check the box that best describes the agreed upon delivery arrangement	t for this service:	
Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se		
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, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).		
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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

Local Government or Authority	Funding Method	
Hogansville	General funds, fines, forfeitures	
LaGrange	General funds, fines, forfeitures	
West Point	General funds, fines, forfeitures	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011		
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Natural Gas
1. Check the box that best describes the agreed upon delivery arran	igement for this service:
Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the	d unincorporated areas) by a single service provider. (If this box is checked, e service.):
Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	he county by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their inco (If this box is checked, identify the government(s), authority or	orporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:
One or more cities will provide this service only within their inco areas. (If this box is checked, identify the government(s), author	corporated boundaries, and the county will provide the service in unincorporated ority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within Hogansville, LaGrange, West Point	g the service area of each service provider , and identify the government, each service area.):
2. In developing this strategy, were overlapping service areas, unner	cessary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation as desing Mo 	cribed, below)
	anation for continuing the arrangement (i.e., overlapping but higher levels of cation, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an in eliminate them, the responsible party and the agreed upon deadline	mplementation schedule listing each step or action that will be taken to effor completing it.

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

Local Government or Authority	Funding Method	
Hogansville	Enterprise Funds	
LaGrange	Enterprise Funds	
West Point	Enterprise Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change		
5. List any formal service delivery agreements of	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
none		
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/23/2011		
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		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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: Troup		Service: Parks and Recreation	
1. C	heck the box that best describes the agreed upon delivery arrangement	for this service:	
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service Troup County		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o		
	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?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, b No	pelow)	
If the	ese conditions will continue under this strategy, attach an explanation f	or continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or inated).	reasons that overlapping service areas or competition cannot be	
lf the	ese conditions will be eliminated under the strategy, attach an impleme	ntation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Troup County	General Fund, User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
This was a jointly funded service, but Troup	County will fund countywide.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Planning and Zoning		
1. Check the box that best describes the agreed upon delivery arrangement	nt for this service:		
Service will be provided countywide (i.e., including all cities and uning identify the government, authority or organization providing the service			
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organi	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
One or more cities will provide this service only within their incorporationate areas. (If this box is checked, identify the government(s), authority or Hogansville, LaGrange, Troup County, West Point	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that will provide service within each saturd or other organization that w			
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, ☑ No 	, below)		
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).			
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for con			

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

Local Government or Authority	Funding Method			
logansville User Fees				
LaGrange				
Troup County	User Fees, Unincorporated Service District			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
I his service was previously funded through woudl be established and this service woud	general fund fevenues. The city and county agreed that an unincol	porated service district		
5. List any formal service delivery agreements	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Probate Court		
1. Check the box that best describes the agreed upon delivery arrangement	t 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.): Troup County			
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation 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 se authority, or other organization that will provide service within each se			
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, ☑ No 	below)		
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c eliminated).			
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr			

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

Local Government or Authority	Funding Method		
Troup County	General fund, court fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/7/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:	

additional pages as necessary. If the contact person for this 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: Troup	Service: Public Housing		
1. Check the box that best describes the agreed upon delivery arrangement	t 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 cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize Hogansville, LaGrange, West Point	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se			
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, ☑ No 	below)		
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).			
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for cor			

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

Local Government or Authority	Funding Method		
Hogansville	User Fees		
LaGrange User Fees			
West Point	User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.				
со	UNTY: Troup	Service: Public Prosecution		
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:		
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or a LaGrange, Troup County	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the s a authority, or other organization that will provide service within each se			
2. In	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, No	below)		
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				
مالم	eliminate them, the responsible party and the agreed upon deadline for completing it			

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

Local Government or Authority Funding Method				
LaGrange	General Funds			
Troup County	General Funds			
4. How will the strategy change the previous an	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.				
со	UNTY: Troup	Service: Public Works Camp		
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:		
V	Service will be provided countywide (i.e., including all cities and uninconstruction identify the government, authority or organization providing the service Troup County			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of				
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	r reasons that overlapping service areas or competition cannot be		
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority Funding Method			
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Purchasing		
1. Check the box that best describes the agreed up	oon delivery arrangement for this service:		
Service will be provided countywide (i.e., incluidentify the government, authority or organiza	uding all cities and unincorporated areas) by a single service provider. (If this box is checked, tion providing the service.):		
Service will be provided only in the unincorpo government, authority or organization providin	rated portion of the county by a single service provider. (If this box is checked, identify the ng the service.):		
	ly within their incorporated boundaries, and the service will not be provided in unincorporated areas. ht(s), authority or organization providing the service:		
	ly within their incorporated boundaries, and the county will provide the service in unincorporated ernment(s), authority or organization providing the service.): st Point		
Other (If this box is checked, <u>attach a legible</u> authority, or other organization that will provide	e map delineating the service area of each service provider, and identify the government, de service within each service area.):		
2. In developing this strategy, were overlapping ser	vice areas, unnecessary competition and/or duplication of this service identified?		
 ☐ Yes (if 'Yes', you must attach additional docum ☑ No 	mentation as described, below)		
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.			

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

Local Government or Authority	Funding Method			
ogansville General Funds				
LaGrange	General Funds			
Troup County	General Funds			
West Point				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.			
COUN	NTY: Troup	Service: Recycling	
1. Che	eck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and uninco dentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate If this box is checked, identify the government(s), authority or organiza	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
a	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or chogansville, LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	· · · ·	
2. In d	eveloping this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
	(es (if 'Yes', you must attach additional documentation as described, b No	pelow)	
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.		

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

Local Government or Authority	Funding Method			
ogansville General Funds				
LaGrange	General Funds			
Troup County	General Funds			
West Point				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No chnage				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011				
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				
If not, provide designated contact person(s) and phone numbers(s) below:				

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Road Maintenance	
1. Check the box that best describes the agreed upon delivery arrangement	It 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 cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized or organiz	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o		
eliminated). If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for cor		

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

Local Government or Authority	Funding Method		
Hogansville	General Funds		
LaGrange	General Funds		
Troup County	General Funds		
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.		
cou	NTY: Troup	Service: Sanitation
1. Che	eck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
á	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o Hogansville, LaGrange, Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	
2. In d	leveloping 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, l No	pelow)
	e (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o	for continuing the arrangement (i.e., overlapping but higher levels of r reasons that overlapping service areas or competition cannot be
	e conditions will be eliminated under the strategy, attach an implementation attach an implementate them, the responsible party and the agreed upon deadline for com-	

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

Local Government or Authority	Funding Method		
Hogansville	General Funds		
LaGrange	General Funds		
Troup County	USD and General Funds		
West Point	Enterprise funds, general funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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.		
со	UNTY: Troup	Service: Sewage Collection
1. C	heck the box that best describes the agreed upon delivery arrangemen	It for this service:
	Service will be provided countywide (i.e., including all cities and uninc identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
V	Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se Hogansville, LaGrange, West Point	
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, No	below)
serv	ese conditions will continue under this strategy, attach an explanation rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Hogansville	Enterprise funds, user fees		
LaGrange	Enterprise funds, user fees		
West Point	Enterprise funds, user fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/23/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service listed on FORM 1, Section III. Ose 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: Troup	Service: Sidewalks	
1. Check the box that best describes the agreed upon delivery arrangement	t 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 coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Hogansville, LaGrange, West Point	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated 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	¹ competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c eliminated).		
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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

Local Government or Authority	Funding Method		
Hogansville	General Funds		
LaGrange	General Funds		
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/10/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.						
со	UNTY: Troup	Service: State/Superior Court				
1. C	1. Check the box that best describes the agreed upon delivery arrangement for this service:					
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Troup County					
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the				
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:				
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):				
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	· · · ·				
2. In	developing this strategy, were overlapping service areas, unnecessary	v competition and/or duplication of this service identified?				
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)				
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of						
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	or reasons that overlapping service areas or competition cannot be				
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to				

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method						
Troup County	General fund, fines and forfeitures						
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?							
No change							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:							
Agreement Name	Contracting Parties	Effective and Ending Dates					
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?							
none							
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011							
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							
If not, provide designated contact person(s) a	and phone numbers(s) below:						







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Tax Appraisal			
1. Check the box that best describes the agreed upon delivery arrangemen	It 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.): Troup 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, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se				
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?			
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)			
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 implem eliminate them, the responsible party and the agreed upon deadline for cor				

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

Local Government or Authority Funding Method							
Troup County	General Funds						
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?							
NO change							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:							
Agreement Name	Contracting Parties	Effective and Ending Dates					
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?							
none							
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011							
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							
If not, provide designated contact person(s) a	and phone numbers(s) below:						






FORM 2: Summary of Service Delivery Arrangements

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.			
COL	JNTY: Troup	Service: Tax Collection	
1. Ch	neck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or Troup County, West Point	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second		
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, No	below)	
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.			

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

Local Government or Authority Funding Method				
Troup County	General Funds			
West Point	Vest Point General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

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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.			
со	UNTY: Troup	Service: Telecommunications	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
V	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service LaGrange		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	· · · ·	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
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).			
lf the	ese conditions will be eliminated under the strategy attach an implement	entation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority Funding Method				
LaGrange	Enterprise fund, user fees			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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.				
со	UNTY: Troup	Service: Vehicle Registration		
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:		
V	Service will be provided countywide (i.e., including all cities and uninca identify the government, authority or organization providing the service Troup County			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of				
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	r reasons that overlapping service areas or competition cannot be		
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to		

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority Funding Method				
Troup County	General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Veterans Service	
1. Check the box that best describes the agreed upon delivery arrangement	nt 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 cou government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organi LaGrange, Troup County	ted boundaries, and the service will not be provided in unincorporated areas. ization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the sauthority, or other organization that will provide service within each s	service area of each service provider, and identify the government, service area.):	
2. In developing this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described ☑ No 	, below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).		
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for co		

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

Local Government or Authority Funding Method				
LaGrange	General Funds			
Troup County	Troup County General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
No change				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
none				
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			

Page 2 of 2







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: Troup	Service: Victims Witness Service	
1. Check the box that best describes the agreed upon delivery arrangem	nent for this service:	
Service will be provided countywide (i.e., including all cities and un identify the government, authority or organization providing the ser Troup County	nincorporated areas) by a single service provider. (If this box is checked, vice.):	
Service will be provided only in the unincorporated portion of the co- government, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
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 incorporareas. (If this box is checked, identify the government(s), authority	prated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating the</u> authority, or other organization that will provide service within each	e service area of each service provider, and identify the government, h service area.):	
2. In developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as describe ☑ No 	əd, below)	
If these conditions will continue under this strategy, attach an explanati service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicatio eliminated).	ion for continuing the arrangement (i.e., overlapping but higher levels of n, or reasons that overlapping service areas or competition cannot be	

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

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

Local Government or Authority	Funding Method		
Troup County	fines		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.				
со	UNTY: Troup	Service: Voter Registration		
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:		
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Troup County			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
serv	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).			
lf the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Troup County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Water Pollution Control		
1. Check the box that best describes the agreed upon delivery arrangement	nt for this service:		
Service will be provided countywide (i.e., including all cities and uning identify the government, authority or organization providing the service			
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organized	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or Hogansville, LaGrange, Troup County, West Point	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each s	<u> </u>		
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, ☑ No 	below)		
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 implem	nentation schedule listing each step or action that will be taken to		

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Hogansville			
LaGrange	General Funds		
Troup County	General Funds		
West Point	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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.			
со	UNTY: Troup	Service: Water Supply/Distribution	
	1. Check the box that best describes the agreed upon delivery arrangement for this service:		
	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
V	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se Hogansville, LaGrange, West Point		
2. Ir	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, No	below)	
serv	ese conditions will continue under this strategy, <u>attach an explanation</u> ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).		
If the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Hogansville	Enterprise funds, user fees		
LaGrange	Enterprise funds, user fees		
West Point	Enterprise funds, user fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
none			
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/23/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Troup	Service: Work Release					
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.): Troup County						
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the					
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation 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, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se						
2. In developing this strategy, were overlapping service areas, unnecessary	v competition and/or duplication of this service identified?					
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)					
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).						
If these conditions will be eliminated under the strategy, attach an implementation eliminate them, the responsible party and the agreed upon deadline for con						

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

Local Government or Authority	Funding Method				
Troup County	General funds, fines, forfeitures				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
No change					
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	gy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? none					
7. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 11/21/2011					
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					
If not, provide designated contact person(s) a	and phone numbers(s) below:				







FORM 3: Summary of Land Use Agreements

Instructions:

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.
The sure
COUNTY: Troup

strategy? None
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
Amendments to existing comprehensive plans

Adoption of a joint comprehensive plan

Other measures (amend zoning ordinances, add environmental regulations, etc.)

If the necessary plan amendments, regulations, ordinances, etc. have not 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?

Intergovernmental Contract Regarding Extraterritorial Water and Sewer Extension Intergovernmental Agreement Regarding Extraterritorial Water Rates

4. Person completing form: Nancy Seegar, Troup County Planner Phone number: (706) 883-1650 Date completed: 8/22/2011

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

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







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: Troup

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 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
City of Hogansville	Mayor	Jimmy Jackson		
City of LaGrange	Mayor	W. Jeff Lukken		
Troup County	Commission Chairman	Richard C. Wolfe		
City of West Point	Mayor	A. Drew Ferguson IV		

SDS FORM 5, continued						
JURISDICTION	TITLE	NAME	SIGNATURE A DATE			
City of Hogansville	Mayor	Jimmy Jackson	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
City of LaGrange	Mayor	W. Jeff Lukken	TOX ANTINC 1/23/1			
City of West Point	Mayor	A. Drew Ferguson IV	Little forgaren 10/1			
Troup County	Commission Chairman	Richard C. Wolfe				



TROUP COUNTY BOARD OF TAX ASSESSORS DRAWN BY: PHAEDRA BISHOP UPDATED: DECEMBER 29, 1999 SCALE: 1"=4000'	RRIS COUNTY		BORNES SWITH RD HARRIS COUNTY	Solution of the solution of th
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b-7 McCosh Mill Road D-6 Ook Drive C-5 b-7 McCosh Mill Road D-6 Ook Brive C-5 b-7 McCosh Mill Road F-4 Old Chipley Road H-7 b-8 Merrif Dourt</th> <th>Pioneer DriveE-7Running Creek DriveA-4Plum Tree DriveC-4S Chatholocches DriveD-2Plymouth DriveB-5Soldle DriveC-5Plymouth PlaceB-5Soldle DriveC-5Point BorthDriveE-1Solern RoadF-8Point BorthDriveE-1Solern RoadB-8Point BorthDriveE-3Solern RoadD-3Point BorthE-4Solern RoadD-3Point CircleE-5Sanders RoadD-3Post RoadB-7Scott RoadD-3Post RoadB-7Scott RoadD-3Post RoadB-7Scott RoadD-3Post RoadB-7Scott RoadD-3Post RoadC-7Shankon RoadD-4Priscilla DriveF-7Scott RoadD-4Priscilla DriveF-7Shake Rog RoadE-4Priscilla DriveE-4Shake Rog RoadE-4RoadC-3Shannon DriveE-4RoadC-3Shannon DriveE-4RoadC-3Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadG-7Shan</th> <th>South Upland CourtC=6Upper Big Spring RoadC=5Williams CourtA=4South 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RoadE-4Priscilla DriveE-4Shake Rog RoadE-4RoadC-3Shannon DriveE-4RoadC-3Shannon DriveE-4RoadC-3Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadC-5Shannon DriveE-4RoadG-7Shan	South Upland CourtC=6Upper Big Spring RoadC=5Williams CourtA=4South Whatey RoadE=6Upper Big Springs RoadC=5Williams CourtA=4South Whatey RoadE=6Upper Big Springs RoadC=5Williams CourtA=4South Whatey RoadE=6Upper Big Springs RoadC=4Williams CourtA=4Statele AvenueE=6Upper Big Springs RoadC=4Williams CourtA=4Statele AvenueE=6Uverno Farry RoadC=4William CourtC=4Statele AvenueE=6Uverno Farry RoadC=4William CourtC=4Statele AvenueC=5Williams CourtC=4William CourtC=4Stateling CourtC=4Uverno Farry RoadC=3Williams CourtC=4Stateling CourtC=4Uverno Farry RoadC=3Williams CourtC=4Stateling RoadG=6Village Point DriveC=3Williams CourtF=4Stratified PlaceE=3Village Point DriveC=3Williams CourtF=4Stratified PlaceE=3Village 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TROUP COUNTY BOARD OF TAX ASSESSORS DRAWN BY: PHAEDRA BISHOP UPDATED: DECEMBER 29, 1999	VESTIL					SUEM SUEM	AND NO HAMILTON RD
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