





FORM 1

COUNTY: MITCHELL COUNTY

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Mitchell County

Baconton

Camilla

Pelham

Sale City

Meigs

Mitchell County Economic Development Authority

Camilla Housing Authority

Pelham Housing Authority

Mitchell County Library Board

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.

911 Emergency Dispatch

Airport

Building Inspection and Code Enforcement

Cemetery

Court Services

Economic Development

Electric Utility

Fire Protection

Library - Name changed from previous versions

Natural Gas Service

Public Housing

Recreation

Roads and Bridges

Sanitary Sewer - Name changed from previous versions

Sheriff Department

Social Services - Name changed from previous versions

Solid Waste Collection and Disposal

Storm Water Management

Street Lighting

Tax Collection

Tax Digest Preparation

Voter Registration & Elections

Water Utility

Yard Waste Collection & Disposal

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.

Jail
Animal Control
Emergency Medical Services
Police Protection
Drug Task Force - No Longer Provided
Recycling - No Longer Provided
Regional Planning - No Longer Provided







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: 911 Emergency Dispatch Service
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Mitchell County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding I	Method
Mitchell County	General Fund/User Fees	метои
How will the strategy change the pre-	vious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agree this service:	ements or intergovernmental contracts that wi	ill be used to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will I	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will I		vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will I	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
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What other mechanisms (if any) will I	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
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What other mechanisms (if any) will lacts of the General Assembly, rate or Person completing form: Clark Harre	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
T. Person completing form: Clark Harred Phone number: (229) 336-2000	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, effect?
T. Person completing form: Clark Harred Phone number: (229) 336-2000	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Airport	
. 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		
	rity or organization providing the service.): City of Camilla ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	y Funding	Method
amilla	General Fund/Enterprise Revenues/Gran	
		dia a this couries within the count O
bw will the strategy change the p	previous arrangements for providing and/or fund	aing this service within the county?
ist any formal service delivery ag	reements or intergovernmental contracts that w	vill be used to implement the strategy
	reements or intergovernmental contracts that w	vill be used to implement the strategy
	reements or intergovernmental contracts that w Contracting Parties	vill be used to implement the strategy Effective and Ending Date
is service:		
is service:		
is service:		
nis service:		
nis service:		
is service:		
is service:		
is service:		
is service:		
Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name /hat other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date of the Property of t
is service: Agreement Name Vhat other mechanisms (if any) w	Contracting Parties	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
Agreement Name Vhat other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties rill be used to implement the strategy for this se	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo

Page 2 of 2

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

projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Animal Control	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
1. Officer the box that best describes the agreed upor	Tuelivery arrangement for this service.	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

3. List each go	overnment or au	thority that will	help to pay for	this service and i	ndicate how the se	rvice will be funde	d (e.g.,
enterprise fu	ınds, user fees,	general funds,	special service	e district revenues	, hotel/motel taxes,	, franchise taxes, i	mpact
fees, bonde	d indebtedness,	etc.).					

Local Government or Authority	Funding Method		
Pelham	General Fund		
Mitchell County	General Fund (partial funding to non-profit provider)		
Camilla	General Fund (partial funding to non-profit provider)		
<u> </u>	rious arrangements for providing and/or funding and/or funding and/or funding and/or funding and/or funding and control service. A private non-profit compared Mitchell County and Camilla.		
5. List any formal service delivery agree	ments or intergovernmental contracts that wil	Il he used to implement the strategy for	
5. List any formal service delivery agree this service: **Agreement Name**	ments or intergovernmental contracts that wil	Il be used to implement the strategy for Effective and Ending Dates	
this service:	-	,	
this service:	-	,	
this service:	-	,	
this service:	-	,	
this service:	-	,	
this service:	-	,	
this service: Agreement Name 6. What other mechanisms (if any) will be	-	Effective and Ending Dates vice (e.g., ordinances, resolutions, local	
this service: Agreement Name 6. What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, local	
this service: Agreement Name 6. What other mechanisms (if any) will be	Contracting Parties Decrease used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, local	

7. Person completing form: Clark Harrell

Phone number: **(229) 336-2000** Date completed: 4/27/17

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:MITCHELL	Service: Building Inspection and Code Enforcement		
Check the box that best describes the agreed upor	n 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 unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the onton, Sale City, Meigs		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

3	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.).

Funding Method
General Fund/Fees

Sale City	General Fund/Fees	
Meigs	General Fund/Fees	
How will the strategy change the	ne previous arrangements for providing and/or fur	nding this service within the county?
List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
•		
	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	
Person completing form: Clark Phone number: (229) 336-2000		
	be contacted by state agencies when evaluating v service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Cemetery
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 Authorit	y Funding I	Method
Pelham	General Fund/Fees	
Camilla	General Fund/Fees	
. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
i. List any formal service delivery ag this service:	greements or intergovernmental contracts that w	ill be used to implement the strategy for
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take o	
acts of the General Assembly, face	e of fee changes, etc. j, and when will they take t	snect!
7. Person completing form: Clark Ha	arrell Date completed: 4/27/17	
	contacted by state agencies when evaluating whrvice delivery strategy? ⊠Yes ⊡No	nether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Court Services	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_	ing all cities and unincorporated areas) by a single service provider. (If	
	ed portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the onton, Sale City, Meigs	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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.).

Funding Method

Local Government or Authority

Mitchell County	General Fund			
Camilla	General Fund			
Pelham	General Fund			
Baconton	General Fund			
Sale City	General Fund			
Meigs	General Fund			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
this service:	agreements or intergovernmental contracts that wil			
	Cantuactina Bautica	Effective and Ending Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Lifeting Dates		
Agreement Name	Contracting Parties	Lifective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local		

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:MITCHELL	Service: Economic Development	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County Economic	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

3. List each government or authority enterprise funds, user fees, gener fees, bonded indebtedness, etc.).	ral funds, s			
Local Government or Authorit	ty	Fun	ding Method	
Mitchell County	-	eral Fund/Grants		
4. How will the strategy change the	previous a	rrangements for providing and/o	r funding this se	rvice within the county?
5. List any formal service delivery a	greements	or intergovernmental contracts t	that will he used	to implement the strategy for
this service:	greements			
Agreement Name		Contracting Parties		Effective and Ending Dates
6. What other mechanisms (if any) vacts of the General Assembly, rat	will be used e or fee ch	d to implement the strategy for the anges, etc.), and when will they	nis service (e.g., take effect?	ordinances, resolutions, local
7. Person completing form: Clark H Phone number: (229) 336-2000		completed: 4/27/17		
8. Is this the person who should be projects are consistent with the se			ng whether prop	osed local government
If not, provide designated contact	person(s)	and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

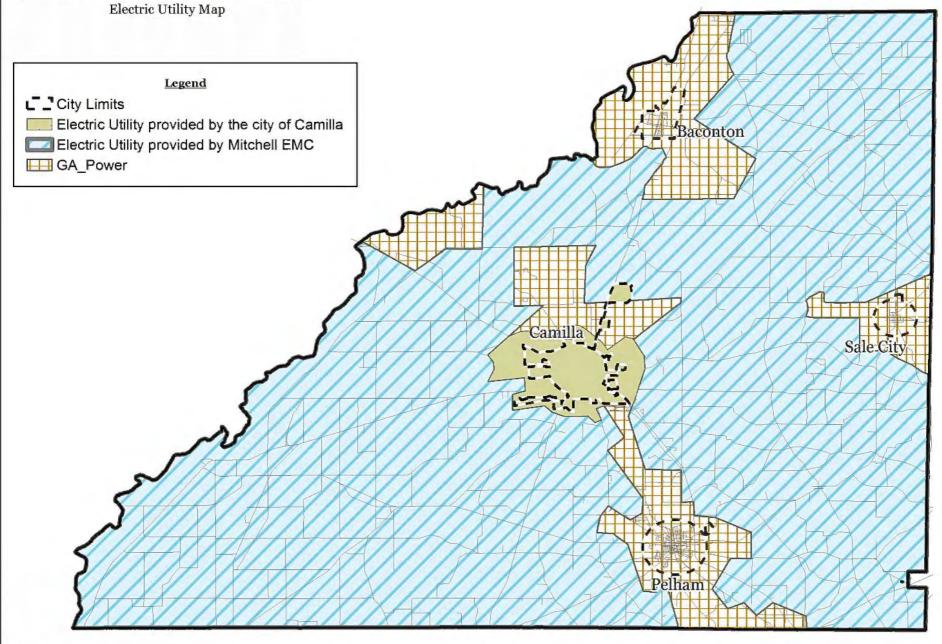
Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Electric Utility	
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includithis box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Providers	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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Local Government or Authority	Funding N	Method
Camilla	General Fund/User Fees	
How will the strategy change the pr	evious arrangements for providing and/or fundi	ng this service within the county?
ion will the strategy change the pr	evidue arrangemente for providing and or famal	ng the service main the seamy.
ist any formal service delivery agre	eements or intergovernmental contracts that wil	Il he used to implement the strategy
	eements or intergovernmental contracts that wil	Il be used to implement the strategy
nis service:		
	eements or intergovernmental contracts that wil	Il be used to implement the strategy Effective and Ending Date
nis service:		
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate of	Contracting Parties be used to implement the strategy for this server fee changes, etc.), and when will they take et	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly and the General Assembly are the General Assembly and the General Assembly are the General Assembly and the General Assembly are the General Assembly are the General Assembly and the General Assembly are the General Assembly are the General Assembly are the General Assembly and the General Assembly are the Gen	Contracting Parties be used to implement the strategy for this server fee changes, etc.), and when will they take effected the contraction of the	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will cts of the General Assembly, rate of	Contracting Parties be used to implement the strategy for this server fee changes, etc.), and when will they take et	Effective and Ending Date vice (e.g., ordinances, resolutions, lo

Mitchell County













FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:MITCHELL	Service: Emergency Medical Service
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County through mpany service provider)
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Author	ity Funding N	Method
Mitchell County	General Fund/Individual User Fees	
How will the strategy change the	previous arrangements for providing and/or funding	ng this service within the county?
Mitchell County used to provide th	ne service and has since contracted with Commun	uity Ambulance Service Inc. to provide
the service countywide.	ie service and has since contracted with commun	inty Ambulance dervice inc. to provide
	greements or intergovernmental contracts that wil	Il be used to implement the strategy fo
. List any formal service delivery a this service:	agreements or intergovernmental contracts that wil	Il be used to implement the strategy fo
	agreements or intergovernmental contracts that wil	Il be used to implement the strategy fo
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name . What other mechanisms (if any)		Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any) acts of the General Assembly, rai	Contracting Parties Will be used to implement the strategy for this service or fee changes, etc.), and when will they take expenses the contraction of the contracti	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this service or fee changes, etc.), and when will they take expenses the contraction of the contracti	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
What other mechanisms (if any) acts of the General Assembly, rather the General Assembly, rather the Phone number: (229) 336-2000	will be used to implement the strategy for this service or fee changes, etc.), and when will they take endinger.	vice (e.g., ordinances, resolutions, locaffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Fire Protection	
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 unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Camilla and ies and Mitchell County provides service everywhere else.	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SD	S	FO	RM	12.	CO	ntin	uec	
								-

3	. List each government or au	thority that will	help to pay for t	his service and ir	ndicate how the ser	vice will be funded (e.g	j.,
	enterprise funds, user fees,	general funds,	special service	district revenues,	, hotel/motel taxes,	franchise taxes, impac	t
	fees, bonded indebtedness,	etc.).					

Local Government or Authori		
Mitchell County	General Fund/Fire tax from unincorporated	d areas and Sale City and Baconton
Camilla	General Fund	
Pelham	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
5. List any formal service delivery a	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
this service:	5	,
A support Alones	Contracting Posting	Effective and English Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this ser	
acts of the General Assembly, rat	te or fee changes, etc.), and when will they take e	effect?
 Person completing form: Clark H Phone number: (229) 336-2000 	arrell Date completed: 4/27/17	
O le thie the person who should be	contacted by state agencies when evaluating wh	other proposed level government
projects are consistent with the se	contacted by state agencies when evaluating whervice delivery strategy? ⊠Yes □No	etner proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	

Mitchell County Fire Protection Map Fire Protection provided by the city of Camilla City Limits Fire Protection provided by the city of Pelham Kire Protection provided by Mitchell County

SW GRC
Southwest Georgia
Regional Commission







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Jail	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding	Method
Mitchell County	General Fund/User Fees	
How will the strategy change the prev	ious arrangements for providing and/or fund	ling this service within the county?
	gananganana rar pramang anarar mana	
Pelham no longer has a jail.		
List any formal service delivery agree	ments or intergovernmental contracts that w	rill be used to implement the strategy
this service:	Ğ	,
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Farties	Lifective and Lifeting Bate
	e used to implement the strategy for this se	
	e used to implement the strategy for this se fee changes, etc.), and when will they take	
acts of the General Assembly, rate or	fee changes, etc.), and when will they take	
acts of the General Assembly, rate or Person completing form: Clark Harre	fee changes, etc.), and when will they take	
acts of the General Assembly, rate or Person completing form: Clark Harre	fee changes, etc.), and when will they take	
Person completing form: Clark Harre Phone number: (229) 336-2000 Is this the person who should be cont	fee changes, etc.), and when will they take II Date completed: 4/27/17 acted by state agencies when evaluating when the state agencies when evaluating when evaluating when the state agencies when evaluating when evaluat	effect?
acts of the General Assembly, rate or Person completing form: Clark Harre Phone number: (229) 336-2000	fee changes, etc.), and when will they take II Date completed: 4/27/17 acted by state agencies when evaluating when the state agencies when evaluating when evaluating when the state agencies when evaluating when evaluat	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:MITCHELL	Service: Library	
	n delivery arrangement for this service: ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Mitchell County Library	
Board	ed portion of the county by a single service provider. (If this box is	
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:	
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documents attach additional documents.	entation as described, below)	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that 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		
Camilla	General Fund		
Mitchell County	General Fund		
Pelham	General Fund		
Mitchell County Board of Education	General Fund		
Pelham City Board of Education	General Fund		
Sale City	General Fund		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
List any formal service delivery ag this service: Agreement Name	reements or intergovernmental contracts that will be us Contracting Parties	ed to implement the strategy for Effective and Ending Dates	
Agreement Name	Contracting Farties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
7. Person completing form: Clark Harrell Phone number: (229) 336-2000 Date completed: 4/27/17			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
• •	· • · — —		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

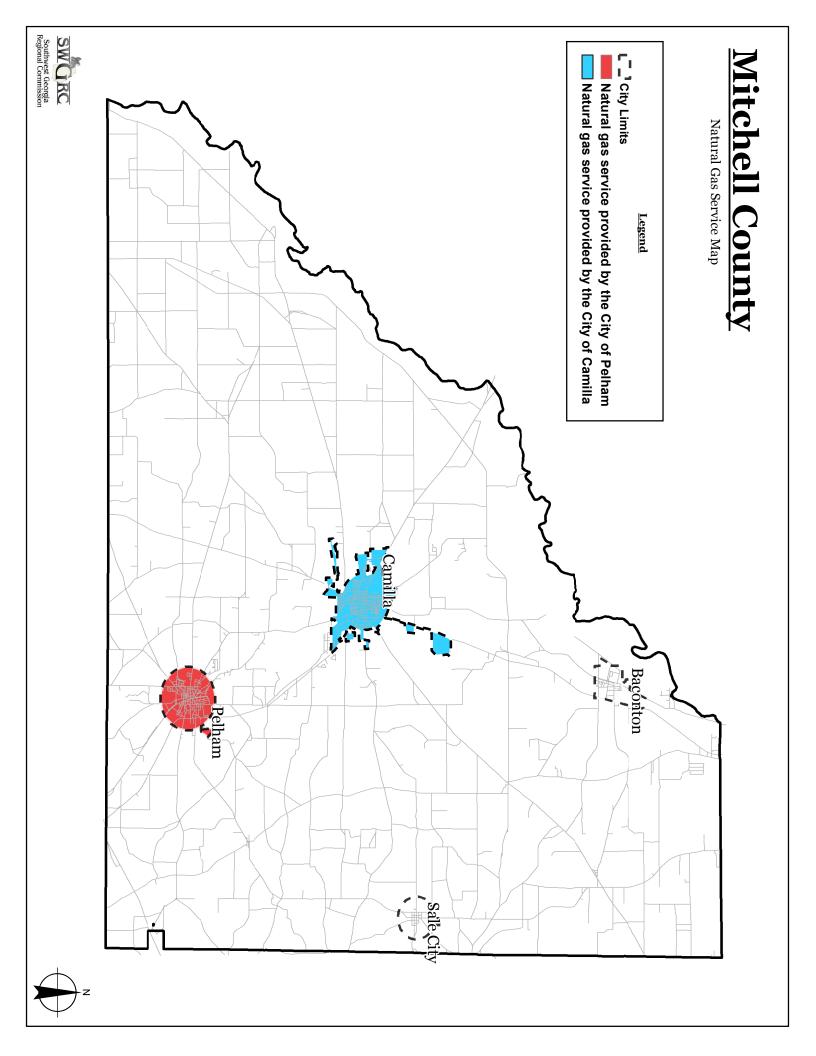
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

induid be reported to the Department of Community Analis.		
COUNTY:MITCHELL	Service: Natural Gas Service	
Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Camilla and edictions.	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
f 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 strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

Page 1 of 2

Lacal Carramanant an Arithanitus	Francisco Mathad
•	will help to pay for this service and indicate how the service will be funded (e.g., ds, special service district revenues, hotel/motel taxes, franchise taxes, impact

Local Government of Autho	rity Fundir	ід іменной
Camilla	User Fees	
Pelham	User Fees	
- Onlani	00011000	
How will the strategy change th	e previous arrangements for providing and/or fu	unding this service within the county?
	agreements or intergovernmental contracts tha	it will be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
Person completing form: Clark	Harrell	
Phone number: (229) 336-2000	Date completed: 4/27/17	
(===, =================================		
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not provide designated conta	ct person(s) and phone number(s) below:	
ii not, provide designated conta	or person(s) and prione number(s) below.	









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Police Protection	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Mitchell ed areas and the City of Baconton. Sale City, Meigs, Camilla and	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that 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
Mitchell County	General Fund/Fees
Camilla	General Fund/Fees
Pelham	General Fund/Fees
Sale City	General Fund/Fees
Baconton	General Fund/Fees
Meigs	General Fund/Fees

Sale City	General Fund/Fees	
Baconton	General Fund/Fees	
Meigs	General Fund/Fees	
	ne previous arrangements for providing and/or fundi	
5. List any formal service delivery this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	<u> </u>	
	<u> </u>	
	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
7. Person completing form: Clark Phone number: (229) 336-2000		
	be contacted by state agencies when evaluating who service delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	

SWGRC Police Protection provided by the city of Meigs Police Protection provided by the city of Pelham Police Protection provided by Sale City Police Protection provided by Mitchell County ☐☐ Police Protection provided by the city of Camilla Mitchell County Police Protection Map Sale City









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Public Housing	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

ğ ,	will help to pay for this service and indicate how the service will be funded (e.g.,
fees, bonded indebtedness, etc.).	nds, special service district revenues, hotel/motel taxes, franchise taxes, impact

Local Government or Authority	Funding M	lethod
Camilla Housing Authority	Grants/Rents	
Pelham Housing Authority	Grants/Rents	
. How will the strategy change the p	revious arrangements for providing and/or fundir	ng this service within the county?
. List any formal service delivery ago this service:	reements or intergovernmental contracts that will	l be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Il be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef	
. Person completing form: Clark Ha	rroll	
Phone number: (229) 336-2000	Date completed: 4/27/17	
. Is this the person who should be consistent with the ser	ontacted by state agencies when evaluating whe vice delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact p	erson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service:Recreation
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

enterprise funds, user fees, general f fees, bonded indebtedness, etc.).	at will help to pay for this service and indicate how the unds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Mitchell County	General Fund/User Fees	
,		
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
List any formal service delivery agree this service:	ements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
		g., ordinances, resolutions, loca
	r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
acts of the General Assembly, rate o	r fee changes, etc.), and when will they take effect? ell Date completed: 4/27/17 stacted by state agencies when evaluating whether properties.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	, · · · · · · · · · · · · · · · · · ·
COUNTY:MITCHELL	Service: Roads and Bridges
Check the box that best describes the agreed upor	a delivery arrangement for this convice:
1. Check the box that best describes the agreed upor	ruenvery arrangement for this service.
Service will be provided countywide (i.e., including this box is checked, identify the government, authorities box is checked.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the elham, Sale City, Meigs
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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
Mitchell County	General Fund/SPLOST/DOT
Camilla	General Fund/SPLOST/DOT
Pelham	General Fund/SPLOST/DOT
Sale City	General Fund/SPLOST/DOT
Baconton	General Fund/SPLOST/DOT
Meigs	General Fund/SPLOST/DOT

Meigs	General Fund/SPLOST/DOT	
. How will the strategy change the	previous arrangements for providing and/or fu	unding this service within the county?
. List any formal service delivery a this service:	agreements or intergovernmental contracts tha	t will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this te or fee changes, etc.), and when will they tak	
acts of the General Assembly, rat	te or fee changes, etc.), and when will they tak	
Person completing form: Clark H Phone number: (229) 336-2000 Is this the person who should be	te or fee changes, etc.), and when will they tak	ke effect?
. Person completing form: Clark H Phone number: (229) 336-2000 . Is this the person who should be projects are consistent with the se	Harrell Date completed: 4/27/17 contacted by state agencies when evaluating	ke effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Sanitary Sewer
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Mitchell Prison only. Camilla, Pelham, Baconton and Meigs provide their
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum ☐ No	entation as described, below)
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

3	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	Fundin	ng Method
Mitchell County	User Fees	<u> </u>
Camilla	User Fees	
Pelham	User Fees	
Baconton	User Fees	
Meigs	User Fees	
4. How will the strategy change the p	revious arrangements for providing and/or fu	unding this service within the county?
List any formal service delivery ag this service: Agreement Name	reements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
	ill be used to implement the strategy for this or fee changes, etc.), and when will they tak	
7. Person completing form: Clark Ha Phone number: (229) 336-2000	rrell Date completed: 4/27/17	
8. Is this the person who should be c	ontacted by state agencies when evaluating vice delivery strategy? ⊠Yes □No	whether proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	

SWGRC Southwest Georgia Regional Commission Mitchell County Sanitary Sewer system provided by the city of Baconton Sanitary Sewer system provided by the city of Meigs Sanitary Sewer system provided by the city of Pelham Sanitary Sewer system provided by Sale City Sanitary Sewer system provided by the city of Camilla Sanitary Sewer system provided by Mitchell County Sanitary Sewer Service Map Pelham Baconton Sale City









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Sheriff Department
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Covernment or Authority	Eundina	Mothod
Local Government or Authority Mitchell County	General Fund/User Fees/Grants	метноа
How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agre	ements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	
	r fee changes, etc.), and when will they take o	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Social Services
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Mitchell County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	eral funds, special se		eate how the service will be funded (e.g., tel/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Fundin	ng Method
Mitchell County	General Fund		ig incured
Willow County	Conorair une	•	
4. How will the strategy change the	e previous arrangeme	ents for providing and/or fu	unding this service within the county?
5. List any formal service delivery a this service:	agreements or interg	overnmental contracts tha	it will be used to implement the strategy for
Agreement Name	Со	ntracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to imple ate or fee changes, et	ment the strategy for this c.), and when will they tak	service (e.g., ordinances, resolutions, local ce effect?
7. Person completing form: Clark I Phone number: (229) 336-2000	Harrell Date completed	I: 4/27/17	
• •	Date completed contacted by state a	agencies when evaluating	whether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Solid Waste Collection and Disposal	
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If	
	ed portion of the county by a single service provider. (If this box is	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the city, Baconton, Meigs	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3	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

Camilla	General Fund				
Pelham	General Fund				
Sale City	General Fund				
Baconton	General Fund				
Meigs	General Fund	General Fund			
Mitchell County	General Fund	General Fund			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
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. Daniel and the form Olad					
7. Person completing form: Clark Phone number: (229) 336-2000					

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Storm Water Management	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

S	DS	FO	RM	2.	cor	ıtin	ued
					•		

3	. List each government or auth	nority that will	help to pay fo	this service ar	nd indicate how t	the service will b	e funded (e.g.,
	enterprise funds, user fees, g	jeneral funds,	special servic	e district reveni	ues, hotel/motel	taxes, franchise	taxes, impact
	fees, bonded indebtedness, e	etc.).					

Local Government or Author	rity Funding	Method		
Pelham	General Fund			
Camilla	Storm Water Utility Fees	Storm Water Utility Fees		
Baconton	General Fund			
Sale City	General Fund	General Fund		
Meigs	General Fund			
4. How will the strategy change the	e previous arrangements for providing and/or fun	ding this service within the county?		
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	,		
Agreement Name	Contracting Parties	Effective and Ending Dates		
	will be used to implement the strategy for this set ate or fee changes, etc.), and when will they take			
7. Person completing form: Clark I Phone number: (229) 336-2000	Harrell Date completed: 4/27/17			
	e contacted by state agencies when evaluating we service delivery strategy? ⊠Yes ⊡No	hether proposed local government		
If not, provide designated contact	et person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Street Lighting
Check the box that best describes the agreed upor	n delivery arrangement for this service:
_	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced t	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3	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			
Mitchell County	General Fund			
Baconton	General Fund			
Pelham	General Fund			
Sale City	General Fund			
Meigs	General Fund			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
this service:	ements or intergovernmental contracts that will be us			
Agreement Name	Contracting Parties	Effective and Ending Dates		
	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local		
7. Person completing form: Clark Harr Phone number: (229) 336-2000	ell Date completed: 4/27/17			
,	Date completed: 4/27/17 Intacted by state agencies when evaluating whether p	roposed local government		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Tax Collection	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the City, Baconton	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3	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 Authorit	y Funding	Method				
Camilla	General Fund					
Mitchell County	General Fund					
Pelham	General Fund					
Baconton	General Fund					
Sale City	General Fund					
4. How will the strategy change the p	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
this service:	greements or intergovernmental contracts that v	,				
Agreement Name Contracting Parties Effective and Ending Date						
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
7. Person completing form: Clark Ha Phone number: (229) 336-2000	arrell Date completed: 4/27/17					
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No						







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:MITCHELL	Service: Tax Digest Preparation
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.): Mitchell County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authorit	/ Funding N	Method
itchell County	General Fund	
ow will the strategy change the p	previous arrangements for providing and/or fundi	ng this service within the county?
ist any formal service delivery ac	reements or intergovernmental contracts that wil	Il he used to implement the strategy
	reements or intergovernmental contracts that wil	Il be used to implement the strategy
is service:	-	
	reements or intergovernmental contracts that wil	Il be used to implement the strategy Effective and Ending Date
is service:	-	
Agreement Name What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
is service: Agreement Name Vhat other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
is service: Agreement Name Vhat other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serv	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if any) wets of the General Assembly, rate erson completing form: Clark Hanone number: (229) 336-2000	Contracting Parties ill be used to implement the strategy for this serve or fee changes, etc.), and when will they take experience of the changes of the ch	Effective and Ending Date vice (e.g., ordinances, resolutions, loffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Voter Registration & Elections	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the onton, Sale City, Meigs	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

3	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.).

Funding Method

Local Government or Authority

Pelham	General Fund	
Camilla	General Fund	
Mitchell County	General Fund	
Baconton	General Fund	
Sale City	General Fund	
Meigs	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fundir	ng this service within the county?
this service:	agreements or intergovernmental contracts that will	
	agreements or intergovernmental contracts that will Contracting Parties	I be used to implement the strategy for Effective and Ending Dates
this service:		

projects are consistent with the service delivery strategy? ⊠Yes □No

Phone number: **(229) 336-2000** Date completed: 4/27/17

7. Person completing form: Clark Harrell

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







FORM 2: Summary of Service Delivery Arrangements

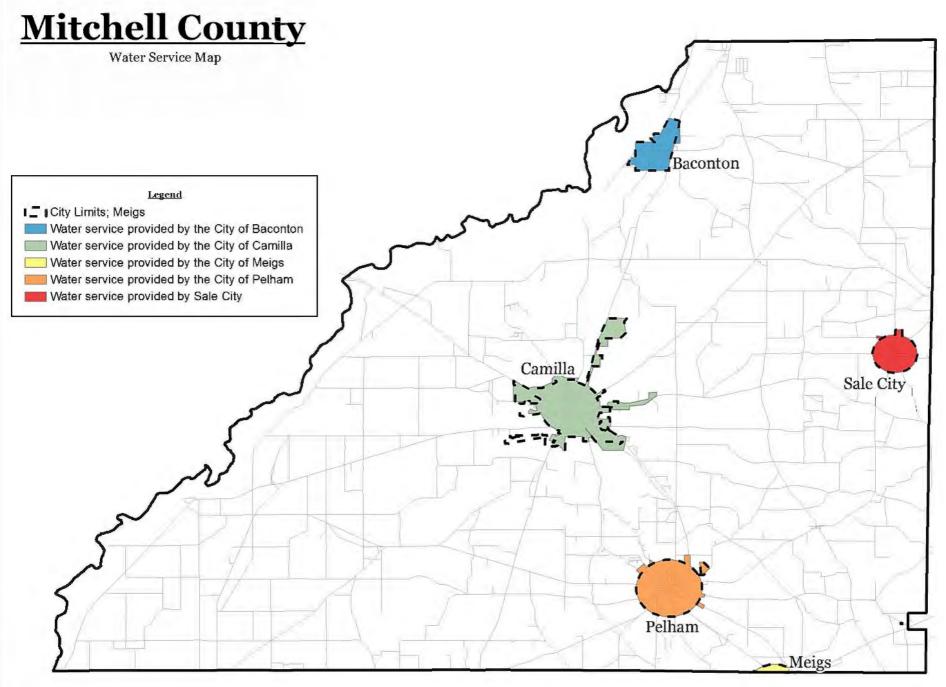
Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:MITCHELL	Service: Water Utility	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Camilla,	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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50	5 F	UK	IVI 2.	continu	

3	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 I	Nethod	
Camilla	General Fund/User Fees		
Pelham	General Fund/User Fees		
Sale City	General Fund/User Fees		
Baconton	General Fund/User Fees		
Meigs	General Fund/User Fees		
4. How will the strategy change the p	revious arrangements for providing and/or fundi	ng this service within the county?	
this service:	eements or intergovernmental contracts that wi	· · · · · · · · · · · · · · · · · · ·	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	Il be used to implement the strategy for this sen or fee changes, etc.), and when will they take e		
7. Person completing form: Clark Har Phone number: (229) 336-2000	rrell Date completed: 4/27/17		
Is this the person who should be consistent with the service.	ontacted by state agencies when evaluating who vice delivery strategy? ⊠Yes □No	ether proposed local government	
If not, provide designated contact person(s) and phone number(s) below:			













FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:MITCHELL	Service: Yard Waste Collection & Disposal			
Check the hox that hest describes the agreed upon	n delivery arrangement for this service:			
•	Check the box that best describes the agreed upon delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
Page 1 of 2				

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	
Camilla	General Fund	
Pelham	General Fund	
Sale City	General Fund	
I. How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
5. List any formal service delivery agre	eements or intergovernmental contracts that w	ill be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	John deling Fundes	Linective and Ending Dates
<u> </u>		1
	I be used to implement the strategy for this ser	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	effect?
 Person completing form: Clark Har Phone number: (229) 336-2000 	rell Date completed: 4/27/17	
Frione number: (229) 330-2000	Date completed: 4/21/11	
Is this the person who should be co projects are consistent with the serve	ontacted by state agencies when evaluating whirice delivery strategy? $oxtimes$ Yes $oxtimes$ No	ether proposed local government
If not provide designated contact pe	erson(s) and phone number(s) below:	
ii not, provide designated contact pr	ordering and priorie namber(s) below.	







FORM 3: Summary of Land Use Agreements

Instructions:

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

Community Analis.				
COUNTY:MITCHELL COUNTY				
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None noted	re identified in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,			
	regulations, ordinances, etc. have not yet			
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments			
If "other measures" was checked, describe these measures:				
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? No processes or procedures were necessary due to the agreements in the strategy regarding utility services of water, sewer and natural gas.				
4. Person completing form: Clark Harrell				
Phone number: (229) 336-2000 Date completed: 4/27/17				
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				







Service Delivery Strategy FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: MITCHELL COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 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)).

	TITLE	NAME	SIGNATURE	DATE
BACONTON	Mayor	Annette Morman	Sprette mo	9[25
CAMILLA	Mayor	Rufus Davis TV	ASS.	Stull
MITCHELL COUNTY	Chairman	Benjamin Hayward	Berfein Hogers	Pug 17
<u>PELHAM</u>	Mayor	James Eubanks	James Terbanks	= 17/ag:
SALE CITY	Mayor	Sammy Mathis	Sanny Machis	Sunding







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: MITCHELL COUNTY

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

- 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);
- 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));
- 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
- 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
CAMILLA	Mayor	Rufus Davis	120	9/17