





# FORM 1

### COUNTY: PAULDING COUNTY

#### I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. Only one set of these forms should be submitted per county. The completed forms shall 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/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

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

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.

(404) 679-5279.

8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

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

PROCESS DESCRIBED, ABOVE.

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

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

**Paulding County** 

City of Dallas

City of Hiram

City of Braswel

Paulding County Industrial Building Authority

Paulding County Airport Authority

Paulding County Hospital Authority

Greater West Georgia Development Authority

**Dallas Housing Authority** 

Dallas Downtown development Authority

City of Dallas Urban Redevelopment Authority

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

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

Addressing, Animal Control, Building Permits/Inspections, Building Plan Review, Business Regulation, CATV Basic Rate Review, Cemetary Maintenance, Code Enforcement, Community/Senior Center, Comprehensive Planning, Coroner/Medical Examiner, Courts, Downtown Development, Driveway Permits, Elections, Emergency Management, Environmental Health Services, E-911 Fire Rescue, GIS/Mapping, Housing Authority, Indigent Legal Services, Law Enforcement, Land Development Inspections & Permitting, Land Development Plan Review, Library Services, Occupational Tax Certificates, Parks and Recreation, Planning Commission/Zoning Board, Public Health Services, Road Construction/Maintenance, Solid Waste Collection, Solid Waste Management Planning, Solid Waste Transfer Station, Stormwater/Floodplain Management, Street Lights, Tax Assessments, Traffic Control, Transportation Planning, Voter Registration, Water Distribution,

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

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

Airport, Economic Development, Erosion & Sediment Control, Indigent Medical Care, Recycling, Sign Permiting, Yard Trimmings Management, Prisoner Housing, Tax Collections, Emergency Medical Service, Septic Tank Disposal\*(This service is included with Sanitary Sewer)\* Sanitary Sewer







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

nould be reported to the Department of Community Affairs.		
COUNTY:PAULDING COUNTY	Service: Airport	
. Check one box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., in	cluding all cities and unincorporated areas) by a single service provider. Ithority or organization providing the service.):Paulding County Airport	
	porated portion of the county by a single service provider. (If this box is anization providing the service.): <b>Type Name of Government, Authority</b>	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the or Organization Here	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here	
	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed to the contract of t	Attach 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	egy, attach an implementation schedule listing each step or action that	

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Paulding County	General Fund, Federal, State
Intergovernmental Agreement	Paulding County/ Airport Authority
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Paulding County Airport Authority conducts operations for all of Paulding County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - On going
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

None		
7. Person completing form: <b>Tabitha</b> Phone number: <b>770-443-7512</b>	Pollard Date completed: 01/30/2017	

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

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

## SERVICE DELIVERY AGREEMENT

Service: Airport
Parties: Paulding County and the Cities of Braswell, Dallas, Hiram and the Paulding Count Airport Authority
Agreement:  The Paulding County Airport operated by the Paulding County Airport Authority through an intergovernmental agreement with Paulding County will serve the County and the Cities of Dallas, Hiram and Braswell.
We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of services described above and we see no apparent duplication of services or issues for consolidation, this day of April 2017.
PAULDING COUNTY
By: Chairman, Board of Commissioners
Attest: Rebecca Maintell
CITY OF BRASWELL
By: Kichail Fernell Title: Mayor
Attest: Allew Waters
CITY OF DALLAS
By: Mayor  Title: Mayor
Attest: Oina Clark
CITY OF HIRAM
Ry: Title: Mayor Helyan
Attest: Melisa Chosewood







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

#### Instructions:

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

COUNTY:PAULDING COUNTY	Service: Economic Development
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>Paulding County</b>
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga or Organization Here	porated portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map 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
☐ <b>Yes</b> (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	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	gy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Paulding County	General Fund
	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

In 2011 The Economic Development Organization (EDO) was established to conduct economic development functions within Paulding County. This EDO was established with support of the Cities, Chamber and other stakeholders.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	EDO - County and Cities	June 2017 - Ongoing
Economic Development	Paulding County/Econoic Development Organization	Jan 2011 - Ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

None			

7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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

REBECCA MERIDETH, COUNTY CLERK 770-443-7550







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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COUNTY:PAULDING COUNTY	Service: Emergency Medical Service
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Paulding County Fire medical transports are provided by a private ambulance service,
	porated portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map 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 eliminated).

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

3. List	each government o	r authority that will	help to pay for th	nis service and ir	ndicate how the ser	vice will be funded (	e.g.,
enter	prise funds, user fe	es, general funds,	special service of	district revenues,	hotel/motel taxes,	franchise taxes, imp	act
fees,	bonded indebtedne	ess, etc.).					

Local Government or Authority	Funding Method
Metro Ambulance Service	User Fees
Paulding County	Fire tax
I	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The County funds fune department response to all mendical calls in the county but no longer provides funding for ambulance service which is provided by a private contractor.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

None		

7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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

REBECCA MERIDETH, COUNTY CLERK, 770-443-7550







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

#### Instructions:

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

COUNTY:PAULDING COUNTY	Service: Erosion & Sediment Control
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
<ul> <li>a.)  Service will be provided countywide (i.e., including this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is unization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the porated area. Dallas, Hiram and Braswell provide within their
	ele map 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
☐ <b>Yes</b> (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	gy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Paulding County	General Fund, user fees
Dallas	General Fund, User Fees
Braswell	General Fund, User Fees
Hiram	General Fund, User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This service is being offered by Paulding County and the Cities. The Cities are providing through an agreement with the State of Georgia.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - Ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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

# SERVICE DELIVERY AGREEMENT

Service: Erosion & Sediment Control
Parties: Paulding County and the Cities of Braswell, Dallas and Hiram
Agreement: Paulding County provides erosion control and inspection services for unincorporated Paulding County. The City of Hiram, Dallas and Braswell provide this service within their municipal boundaries through agreements with the State.
We the undersigned agree that the foregoing Service Delivery Agreement promotes the cost efficient, effective and responsive manner for the delivery of services described above and we see no apparent duplication of services or issues for consolidation, this day of April 2017.
By: Land Land Title: Chairman, Board of Commissioners  Attest: Policia Mondell
By: Richard Finnel  Title: Mayor  Attest: Welson Waters
By: Mayor  Attest: Ciua Clark
By: Pleasa Pleasa Title: Mayor  Attest: Melissa Choseneal







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

#### Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:PAULDING COUNTY	Service: Indigent Medical Care
1. Check one box that best describes the agreed upo  a.) Service will be provided countywide (i.e., inc  (If this box is checked, identify the government, aut)	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is inization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only 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	le map delineating the service area of each service provider, and ation that will provide service within each service area.): WellStar tients. The County and Cities are not participating in indigent care.
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (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	gy, <u>attach an implementation schedule</u> listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

fees, bonded indebtedness, etc		nds, special service district revenues, hote	te how the service will be funded (e.g., el/motel taxes, franchise taxes, impact			
Local Government or Author	ority	Funding	g Method			
			,			
I						
Type Gov't/Authority Name Her	е	Detail Funding Here				
Type Gov't/Authority Name Her	е	Detail Funding Here				
How will the strategy change the strategy	ne prev	ious arrangements for providing and/or fur	nding this service within the county?			
		ng to the cost of indigent medical care thro				
Agreement Name		Contracting Parties	Effective and Ending Dates			
Service Delivery Agreement	Paulo	ing-All Cities	June 2017- Ongoing			
, ,		3	5 5			
Name Agreement Here	List C	ontracting Parties Here	Effective - End			
Name Agreement Here	1	ontracting Parties Here	Effective - End			
Name Agreement Here	List C	ontracting Parties Here	Effective - End			
Name Agreement Here	List C	ontracting Parties Here	Effective - End			
		e used to implement the strategy for this so fee changes, etc.), and when will they take				
7. Person completing form: <b>Tabit</b> Phone number: <b>770-443-7512</b>		<b>ard</b> ate completed: 01/30/2017				







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

should be reported to the Department of Community Alians.	
COUNTY:PAULDING COUNTY	Service: Prisoner Housing
1. Check one have that best describes the agreed upo	an delivery errongement for this convice:
<ol> <li>Check <u>one</u> box that best describes the agreed upo</li> </ol>	on delivery arrangement for this service.
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is unization providing the service.): <b>Type Name of Government, Authority</b>
provided in unincorporated areas. (If this box is che service: Paulding County and Hiram (under cont	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the tract with the County), and Dallas (under contract with external ing for all State inmates held in Paulding County
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ele map 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
☐ <b>Yes</b> (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).
If these conditions will be eliminated under the strated	gy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Paulding County	General Fund, User Fees, Fines and Forfeitures,
Dallas	Per Diem fee & 10% surcharge on municipal fines
Hiram	Per Diem fee & 10% surcharge on Municipal fines
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

In 2007 all prisioners were housed in Paulding County Detention Facility and the only contribution from the Cities was through Fines. In 2010, Paulding County and the City of Hiram entered into an intergovernmental agreement to provide for inmate housing for city inmates. The City of Dallas contracted with another provider.

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

Agreement Name	Effective and Ending Dates		
Service Delivery Agreement	June 2017 - ongoing		
Intergovernmental Agreement	Renew annually		
Name Agreement Here	Effective - End		
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	
Name Agreement Here	List Contracting Parties Here	Effective - End	

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

None			

7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

Yes 
No

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

REBECCA MERIDETH, COUNTY CLERK, 770-443-7550







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

#### Instructions:

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

·	
COUNTY:PAULDING COUNTY	Service: Recycling
<ol> <li>Check <u>one</u> box that best describes the agreed upo</li> </ol>	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
	orated portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the to their citizens and Paulding County provides a drop off location
	le map 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> cverlapping but higher levels of service (See O.C.G.Acverlapping 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 strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Paulding County	General Fund, User Fees
Dallas	General Fund, User Fees
Hiram	General Fund, User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

	4. How will the strategy	change the pr	evious arrange	ements for p	providing and/o	or funding	this service	within the cou	ntv?
--	--------------------------	---------------	----------------	--------------	-----------------	------------	--------------	----------------	------

Dallas and Hiram are providing pick up service for recycling. Paulding County continues to provide a drop off location for recycling.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

|--|

7	Parson	completing	form:	Tahitha	Pollard
Ι.	Person	combieuna	TOTTI.	rabitha	Poliard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Bepartment of Community Analis.		
COUNTY:PAULDING COUNTY	Service: SANITARY SEWER	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>Type Name of</b>	
	porated portion of the county by a single service provider. (If this box is anization providing the service.): <b>Type Name of Government, Authority</b>	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the r Organization Here	
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the or Organization Here	
identify the government, authority, or other organization	ele map delineating the service area of each service provider, and ation that will provide service within each service area.): County allas provides in agreed-upon service area (map & agreement	
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G./	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that	

overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority	Funding Method
Paulding County	User Fees (enterprise fund)
Dallas	General Fund, User Fees (enterprise fund)
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

<ol><li>How will the strategy</li></ol>	y change the previous	s arrangements for	providing and/or	r funding this service	within the county?
---	-----------------------	--------------------	------------------	------------------------	--------------------

The Service continues but the maps are updated. This service is inclusive of septic tank waste disposal.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding -All Cities	June 2017 - ongoing
Intergovernmental Water	Paulding, Dallas, Hiram	October 1997 - October 2017
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

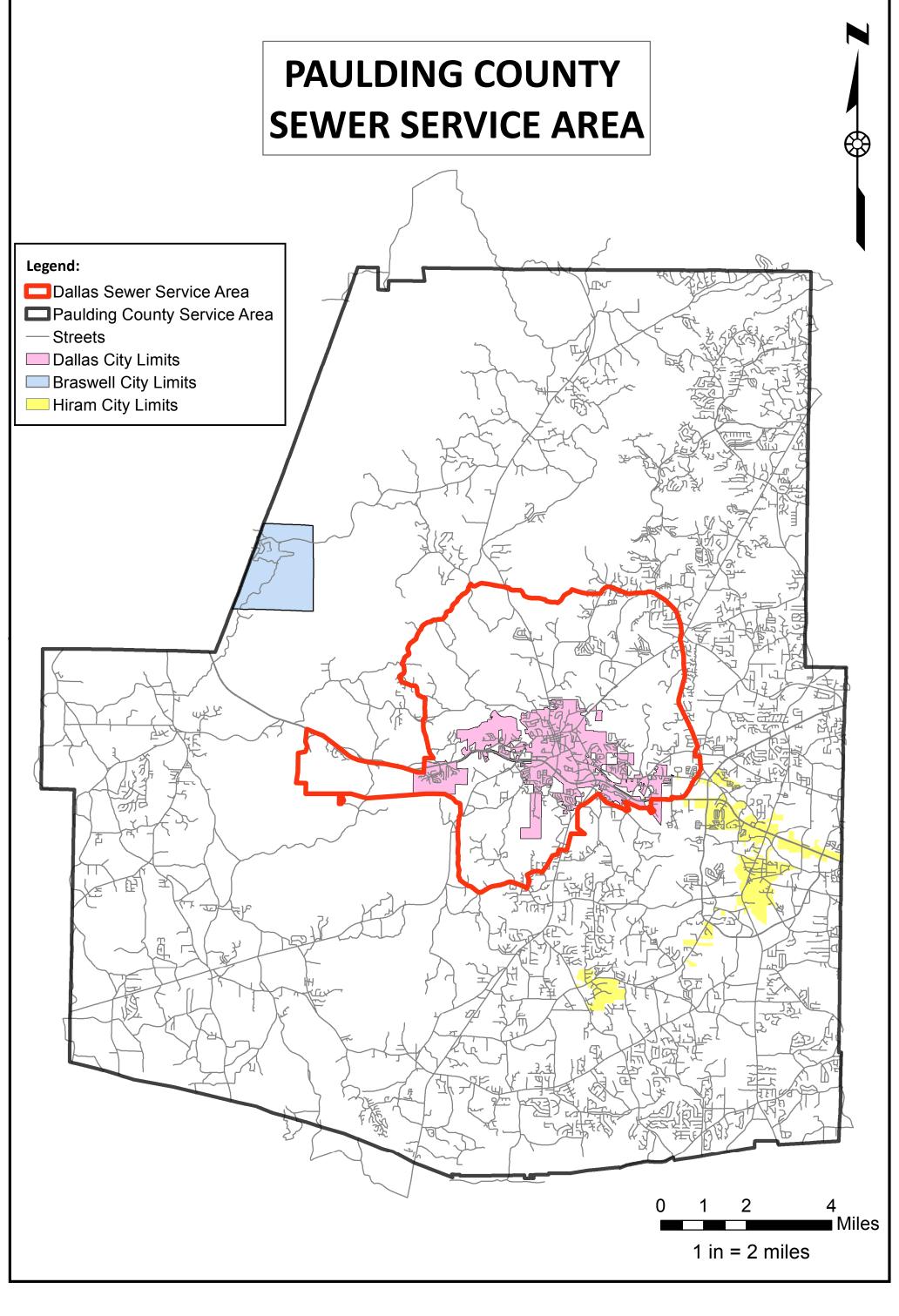
Provide Details Here	
----------------------	--

7. Person completing form: Tabitha Pollard

Phone number: **678-224-4030** Date completed: 4/24/2017

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

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









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

COUNTY:PAULDING COUNTY	Service:Sign Permitting
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
	porated portion of the county by a single service provider. (If this box is nization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only 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 provides in unincorporated and Braswell area. (Blue) performs sign review for the zoning, aest	le map delineating the service area of each service provider, and ation that will provide service within each service area.): County Dallas (RED) provides within their municipal boundary. Hiram thetics and location of signs. However, the County continues to s and electrical permits for the City of Hiram (Blue).
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, <b>a</b>	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

overlapping service areas or competition cannot be eliminated).

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
Paulding County	User Fees
Dallas	User Fees
Hiram	User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

<ol><li>How will the strategy</li></ol>	y change the previous	s arrangements for	providing and/or	r funding this service	within the county?
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The City of Hiram has taken over the service of performin sign review for the zoning, aesthetics and location of signs.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - Ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

<ol><li>What o</li></ol>	ther mechanisms	(if any) will be	used to impl	ement the	strategy for	or this serv	rice (e.g.,	ordinances,	resolutions,	local
acts of t	he General Asser	mbly, rate or fe	e changes, e	etc.), and w	vhen will th	ey take ef	fect?			

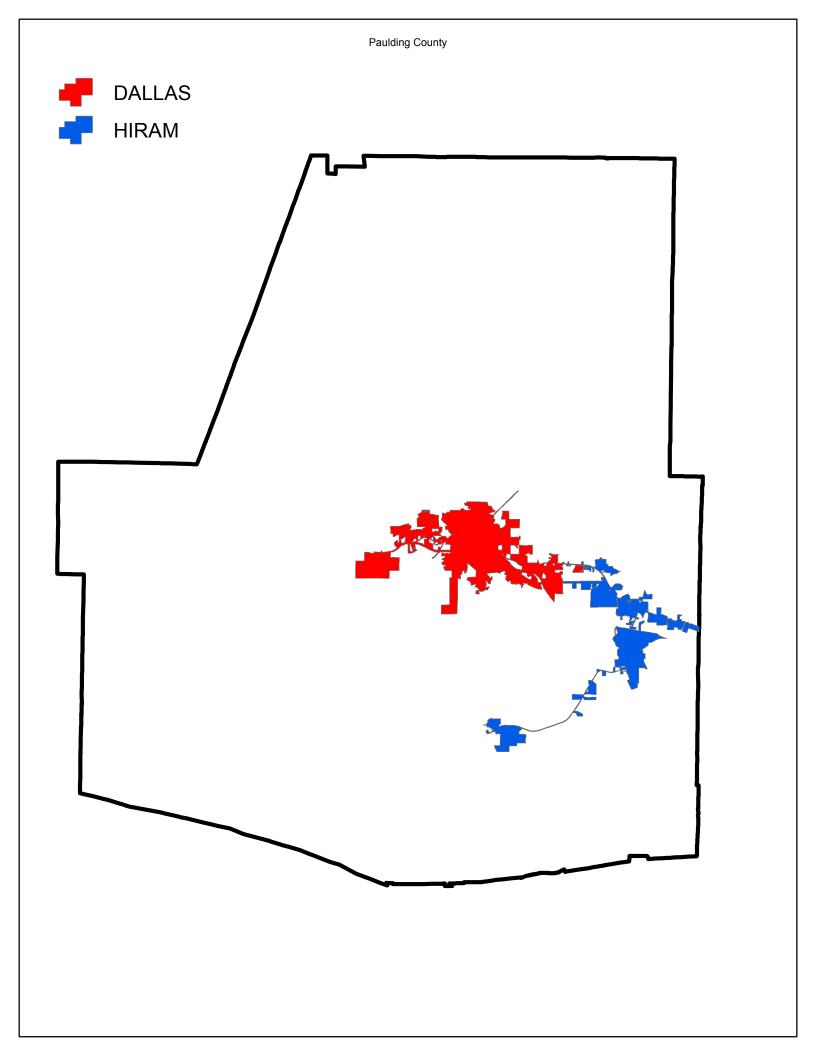
None			

7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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



County provides in unincorporated and Braswell area (White).	
Dallas (RED) provides within their municipal boundary.	
Hiram (Blue) performs sign review for the zoning, aesthetics and location of signs.  The County continues to perform the construction permitting for footings and electrica permits for the City of Hiram (Blue).	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

COUNTY:PAULDING COUNTY	Service: Tax Collections
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is anization providing the service.): <b>Type Name of Government, Authority</b>
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the cunder contract with an external provider)
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (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.

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
Paulding County	General Fund, Fees
Dallas	General Fund
Braswell	General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

	4. How will the strategy	change the pr	evious arrange	ements for p	providing and/o	or funding	this service	within the cou	ntv?
--	--------------------------	---------------	----------------	--------------	-----------------	------------	--------------	----------------	------

The City of Dallas has contracted with an external provider rather than Paulding County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - Ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

None			

7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

Yes 
No

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

REBECCA MERIDETH, COUNTY CLERK, 770-443-7550







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs

Should be reported to the Department of Community Arians.			
COUNTY:PAULDING	Service: Water Distribution		
Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:			
a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider.  (If this box is checked, identify the government, authority or organization providing the service.):			
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): County, Dallas d agreement/map. Braswell does not offer service.		
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			
If these conditions will continue under this strategy, <b>a</b> 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 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
Paulding County	User Fees (enterprise fund)
Dallas	User Fees, General fund
Hiram	User Fees, 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
Service Delivery Agreement	Paulding, Dallas, Hiram, Braswell	2017 - Ongoing
MOU Water & Sewer Services	Paulding, Dallas	10/2007-10/2017
Intergovernmental Contract	Paulding, Hiram	10/1997 - 10/2017

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

The service continues but the maps have been updated.

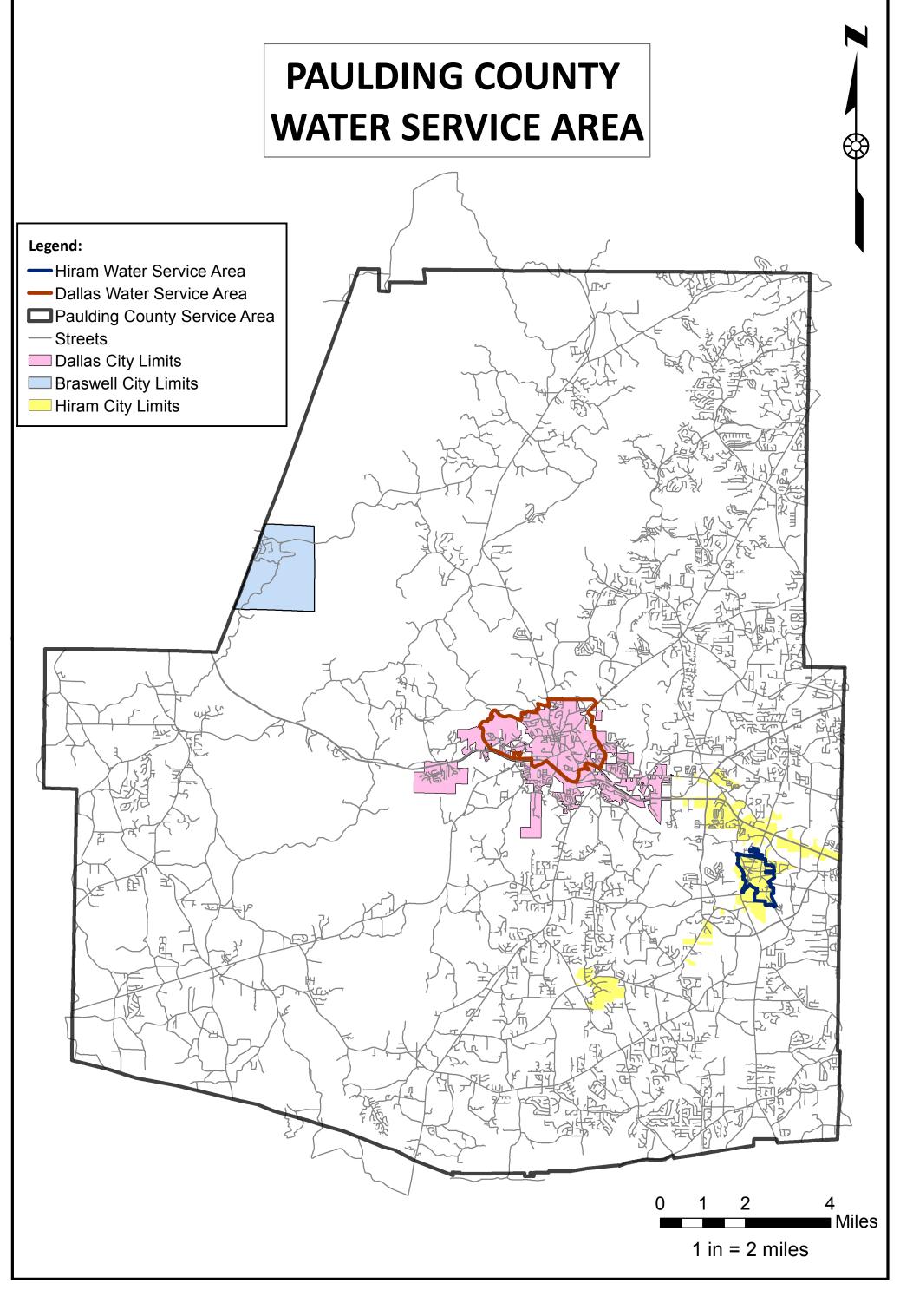
7. Person completing form: Tabitha Pollard

Phone number: **678-224-4030** Date completed: 4/24/2017e

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

Yes 
No

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



# WATER AND SEWER AGREEMENT BETWEEN CITY OF HIRAM AND PAULDING COUNTY

This agreement is made and entered into this day of March, 1995, by and between PAULDING COUNTY, GEORGIA, by and through its Board of Commissioners, a body politic (hereinafter "Paulding County") and the CITY OF HIRAM, GEORGIA, by and through its Mayor and Council, a municipal corporation (hereinafter "City of Hiram"); both Paulding County and City of Hiram are collectively referenced as Parties) on the following terms and conditions:

#### I. RECITALS

- A. Paulding County operates a water system which services the unincorporated and incorporated areas of Paulding County, including areas in and adjacent to the City of Hiram;
- B. Paulding County is in the process of installing, constructing, erecting, and maintaining a wastewater treatment system which will consist of a sanitary public sewer, a wastewater treatment facility, and other related and necessary structures and facilities, in and adjacent to the City of Hiram;
- C. The City of Hiram and Paulding County consider and deem such water and sewer service to be vital to the growth of industrial, commercial, and residential growth in Paulding County and the City of Hiram and in the best interest of all residents of both parties;
- D. Article IX, Section 2, Paragraph 3 of the Constitution of the State of Georgia authorizes Paulding County to provide water and sewage facilities and services within the City of Hiram provided there is a contract allowing for the same;
- E. Article IX, Section 3, Paragraph 1 of the Constitution of the State of Georgia authorizes Paulding County and the City of Hiram to contract for the provision of the services contemplated herein for a period of time not exceeding 50 years.

### II. TERMS

In consideration of the sum of One (\$1.00) Dollar and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged by Paulding County from the City of Hiram together with the mutual recitals, promises, terms and

conditions set forth in this instrument, Paulding County and the City of Hiram do hereby agree as follows:

- A. The term of this contract, under the provisions of Article IX, Section 3, Paragraph 1 of the Constitution of the State of georgia, shall be for a period of 50 years, unless sooner terminated by mutual agreement of the parties hereto.
- B. The City of Hiram, pursuant to Article IX, Section 2, Paragraph 3(a)(7), hereby authorizes and agrees to allow Paulding County to operate and maintain a water storage, treatment, purification, and distribution system to include but not limited to the installing, construction, erection, and acceptance of water distribution lines and storage facilities within the city limits of the City of Hiram. This authorization shall be geographically limited to those areas which are not being serviced by the City of Hiram water system as of the date of adoption of this agreement, unless the City of Hiram approves further areas by a Resolution duly adopted.
- C. The City of Hiram, pursuant to Article IX, Section 2, Paragraph 3(a)(6), hereby authorizes and agrees to allow Paulding County to operate and maintain a sanitary sewer system to include but not limited to the installing, construction, erection and acceptance of sanitary sewer lines within the city limits of the City of Hiram.
- D. The City of Hiram does further authorize and agree to allow Paulding County to enforce any and all federal, state, and local laws, statutes, ordinances or resolutions enacted with regard to the water and sewer systems authorized herein including but not limited to the enforcement of all such laws, statutes, ordinances or resolutions through judicial process as allowed by law, provided, however, that the provisions requiring connection to accessible public sewer of paragraphs 3.5 of Article Three and paragraph 4.5 of Article Four of the Sewer Use Ordinance adopted by Paulding County on February 14, 1994, shall not be enforceable in the City of Hiram.
- E. The City of Hiram does hereby declare it to be in the best interest of its citizens and those property owners in the

City of Hiram not presently served by the City of Hiram water system to be able to obtain water and sewer service from Paulding County at its prevailing rates and without regard to the rates established by the City of Hiram for the water service it provides in its system. Accordingly, the City of Hiram does hereby surrender to Paulding County its authority to establish rates for water and sewer service to customers accepting water or sewer service from Paulding County under the authority of this agreement and does hereby establish a separate rate system for those customers served by Paulding County hereunder.

- F. Paulding County does hereby irrevocably agree not to withdraw water or sewer services to customers within the City of Hiram after same are initially provided, except in accordance with the general laws, ordinances, rules or regulations heretofore or hereafter adopted by Paulding County. Paulding County shall adopt no ordinance, rule or regulation that is discriminatory as to its customers in the City of Hiram under this agreement.
- G. In exchange for the covenant of Paulding County stated in the foregoing paragraph, the City of Hiram does hereby grant a franchise to Paulding County to install water and sewer lines in accordance with this agreement for which Paulding County shall not be required to pay any franchise fee or tax.

This 6th day of March, 1995.

PAULDING COUNTY, GEORGIA, BY AND THROUGH ITS BOARD OF COMMISSIONERS

BÝ:

CITY OF ATTRAM

BY:

ATTEST: WAS DON

Japa M. Smith

### MEMORANDUM OF UNDERSTANDING & AGREEMENT BETWEEN PAULDING COUNTY AND CITY OF DALLAS, GEORGIA REGARDING WATER AND SANITARY SEWER SERVICES

Whereas, Paulding County and the City of Dallas, Georgia, reached an agreement and entered into a Memorandum of Understanding in March, 2001 regarding water and sanitary sewer services to further explain specific aspects of the Service Delivery Strategy;

Whereas, the aforementioned Memorandum of Understanding and Agreement entered into by Paulding County and the City of Dallas on March 13, 2001, contained terms and provisions that were to remain in effect until the required Service Delivery Strategy review and revision date of October 31, 2007;

Whereas, Paulding County and the City of Dallas have reached further agreement regarding water and sanitary sewer services through amendments to the sewer service boundary map and now seek to revise the Memorandum of Understanding and Agreement of March 13, 2001.

Now therefore, Paulding County and the City of Dallas, Georgia, by and through their respective governing authorities, hereby agree to the following special stipulations with regard to water and sanitary sewer services affected by the Service Delivery Strategy.

1.

## ESTABLISHING UNIFORMITY IN BILLING PROCEDURES

Currently, there are nine residential developments where water and sanitary sewer service are billed separately by either Paulding County or the City of Dallas. In order to increase efficiency and decrease costs, Paulding County and the City of Dallas agree to move toward a billing system that allows whichever entity provides the water service to bill for both water and sanitary sewer services. Each month, the water service provider will remit to the sanitary sewer service provider, all amounts collected in the previous month for sanitary sewer service. Sanitary sewer service will be billed at the then published rates of the service provider. Until this transition to uniform billing is complete, Paulding County and the City of Dallas agree to the following terms regarding disconnection of water service for non-payment of sanitary sewer service:

- a) Disconnection of water service will be performed by the Paulding County Water System within thirty (30) days of receipt of official written notification from the City of Dallas of non-payment of City of Dallas-provided sanitary sewer service by a resident that is a Paulding County water customer.
- b) The City of Dallas will provide the Paulding County Water System with proof of full payment of all delinquent fees within one business day of the re-connection of water service to a resident of Paulding County.
- c) The re-connect service fee change will be at the then-published rate of whichever entity provides the disconnect and re-connect, currently \$50 for re-connection and an additional \$75 for same-day re-connection.

. . .

#### MASTER METERS

The City of Dallas shall be able to install master meters on Paulding County water lines within the corporate limits of Dallas for all commercial developments and for residential developments larger than twenty-five (25) acres, and to purchase water from Paulding County at the wholesale rate as defined through these master meter points for distribution and billing to these developments at the retail rate. Paulding County agrees to allow the City of Dallas to install said water meters and purchase water as described above pursuant to the following conditions:

- a) The Paulding County Water System will provide water at the then-published wholesale rate to the City of Dallas. Wholesale rates are subject to change based upon rate increases by Paulding County's supplier(s), or any statemandated surcharges or fees.
- b) For any master meter set by, and at the discretion of, Paulding County for the purpose of enabling system-wide water distribution in the City of Dallas, the County agrees to waive the cost of said master meter as specified in its existing contract between the City and County.
- c) The City of Dallas shall be responsible for the initial cost and installation of said master meters and Paulding County will perform monthly meter readings and necessary perpetual maintenance of master meters installed in accordance with this agreement.
- d) These terms shall remain in effect until such time as the House Bill 489 Agreement (Service Delivery Strategy) is reviewed and revised, or at any other such times as the parties may mutually agree.

3.

# EXTRA-TERRITORIAL EXTENSION OF WATER AND SANITARY SEWER SERVICES

Paulding County and the City of Dallas agree to abide by the water and sewer district boundary maps adopted and agreed upon by Dallas and Paulding County, and incorporated into the Service Delivery Agreements, dated October 31, 2007, in determining the extra-territorial extension of water and sanitary sewer services. Both jurisdictions also agree to the following terms when interpreting said water and sewer district boundary maps.

- a) Where a proposed development is situated on both sides of the district boundary maps for either water or sanitary sewer, the jurisdiction containing the greater percentage of the development shall be the water or sanitary sewer service provider.
- b) Where a proposed development is situated on both sides of the district boundary maps for either water or sanitary, and it cannot be determined which

jurisdiction contains the greater percentage of the development (i.e., the development is close to 50% in the Paulding County service and close to 50% in the Dallas service area), then the service provider shall be the jurisdiction having the nearest system connection to the development for water, and the nearest system connection t the development for sanitary sewer.

c) Nothing contained in this Agreement shall prevent Paulding County and the City of Dallas from mutually agreeing to allow one jurisdiction to service developments within the water and/or sewer district boundaries of the other

jurisdiction.

d) These terms shall remain in effect until such time as the House Bill 489 Agreement (Service Delivery Strategy) is reviewed and revised.

So agreed this 17th day of MAROK, 2009

CITY OF DALLAS, GEORGIA

By and Through its Mayor and City Council

Bv:

Boyd Austin, Mayor

Clerk, City of Dallas

PAULDING COUNTY, GEORGIA

By and Through its Board of Commissioners

By:

Jerry Shearin, Chairman

DAVID A. AUSTIN

Clerk, Paulding County







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:PAULDING COUNTY	Service: Yard Trimmings Management	
4. Objections have that he art describes the sourced was		
<ol> <li>Check <u>one</u> box that best describes the agreed upo</li> </ol>	on delivery arrangement for this service:	
a.)  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):		
	porated portion of the county by a single service provider. (If this box is anization providing the service.): <b>Type Name of Government, Authority</b>	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the	
	ole map 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	
☐ <b>Yes</b> (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.	

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	
Dallas	General Fund,	
Braswell	General Fund,	
Hiram	General Fund	
Type Gov't/Authority Name Here	Detail Funding Here	
Type Gov't/Authority Name Here	Detail Funding Here	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The City of Hiram is offering this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery Agreement	Paulding-All Cities	June 2017 - Ongoing
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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

None
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7. Person completing form: Tabitha Pollard

Phone number: **770-443-7512** Date completed: 01/30/2017

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

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

REBECCA MERIDETH, COUNTY CLERK 770-443-7500







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

#### Instructions:

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

COUNTY:PAULDING COUNTY, GEORGIA		
What incompatibilities or conflicts between the landeveloping the service delivery strategy?  None- Paulding County along with the Cities of Daller		·
2. Check the boxes indicating how these incompatib	pilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans		If the necessary plan amendments,
Adoption of a joint comprehensive plan		regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add	d environmental regulations, etc.)	each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:  Describe "Other" Measures Here		
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? Paulding County and the Cities operate a joint development review process. In the MOU between Dallas and Paulding in Section 3 addresses extra-territorial extension of water line. The intergovernmental agreement with HIram also discusses the extra-territorial water extensions		
4. Person completing form: <b>Tabitha Pollard</b>		
Phone number: 678-224-4030 Date complete	ted: 06/12/2017	
5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ☐No		
If not, provide designated contact person(s) and phone number(s) below:		
TYPE CONTACT NAME. TITLE & PHONE HERE		







# SERVICE DELIVERY STRATEGY FORM 4: Certifications

#### Instructions:

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

#### COUNTY: PAULDING 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);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

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JURISDICTION	TITLE	NAME	SIGNATURE	DATE
BRASWELL	Mayor	Richard Fennell	Lichard fang	5/18/
DALLAS	Mayor	Boyd Austin	mscon	510/17
HIRAM	Mayor	Teresa Philyaw	Lesesa Theyer	5-12-
PAULDING	Chairman	David Carmichael	Harmerke	24/05