<table>
<thead>
<tr>
<th>COUNTY: <strong>Troup</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSTRUCTIONS:</strong></td>
</tr>
<tr>
<td>After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click &quot;Submit Form&quot; to be directed to the next step.</td>
</tr>
<tr>
<td><strong>These are the same forms and information DCA had previously been collecting, only in a new electronic format.</strong></td>
</tr>
<tr>
<td>FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services <em>without change</em> in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</td>
</tr>
<tr>
<td>FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service. <em>without change</em> in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</td>
</tr>
<tr>
<td>If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isn't needed, go directly to the FORM 5 tab at the top.</td>
</tr>
<tr>
<td>FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.</td>
</tr>
<tr>
<td>FORM 4 is for Local Government Certifications of New or Revised Services. <em>without change</em> in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</td>
</tr>
<tr>
<td>FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements. <em>without change</em> in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</td>
</tr>
</tbody>
</table>
II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:
In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

- Downtown LaGrange Development Authority
- Downtown West Point Development Authority
- Hogansville
- Hogansville Development Authority
- Housing Authority of Hogansville
- Housing Authority of LaGrange
- Housing Authority of West Point
- LaGrange
- LaGrange Development Authority
- Troup County
- Troup County Airport Authority
- Troup County Development Authority
- Troup Family Connections Authority
- West Point
- West Point Development Authority
- West Point Lake Development Authority

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:
In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:
In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.
<table>
<thead>
<tr>
<th>Airport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alt. Dispute</td>
</tr>
<tr>
<td>Animal Control</td>
</tr>
<tr>
<td>Animal Shelter</td>
</tr>
<tr>
<td>Archives</td>
</tr>
<tr>
<td>Broadband Communications</td>
</tr>
<tr>
<td>Business Licenses</td>
</tr>
<tr>
<td>Cemeteries</td>
</tr>
<tr>
<td>Code Enforcement</td>
</tr>
<tr>
<td>Commercial Sanitation</td>
</tr>
<tr>
<td>Community Service</td>
</tr>
<tr>
<td>Coroner</td>
</tr>
<tr>
<td>Court Administration</td>
</tr>
<tr>
<td>Data Processing</td>
</tr>
<tr>
<td>Department of Family and Children Services</td>
</tr>
<tr>
<td>E-911</td>
</tr>
<tr>
<td>Economic Development</td>
</tr>
<tr>
<td>Elections</td>
</tr>
<tr>
<td>Electric Utility</td>
</tr>
<tr>
<td>Emergency Management</td>
</tr>
<tr>
<td>Emergency Management Service</td>
</tr>
<tr>
<td>Extension Service</td>
</tr>
<tr>
<td>Fire Protection</td>
</tr>
<tr>
<td>Fleet Maintenance</td>
</tr>
<tr>
<td>Health Department</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Indigent Defense</td>
</tr>
<tr>
<td>Infrastructure Development Districts</td>
</tr>
<tr>
<td>Inmate Details</td>
</tr>
<tr>
<td>Jails</td>
</tr>
<tr>
<td>Juvenile Courts</td>
</tr>
<tr>
<td>Law Enforcement</td>
</tr>
<tr>
<td>Libraries</td>
</tr>
<tr>
<td>Magistrate Court</td>
</tr>
<tr>
<td>Marshals Office</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Municipal Court</td>
</tr>
<tr>
<td>Natural Gas</td>
</tr>
<tr>
<td>Parks and Recreation</td>
</tr>
<tr>
<td>Planning and Zoning</td>
</tr>
<tr>
<td>Probate Court</td>
</tr>
<tr>
<td>Public Housing</td>
</tr>
<tr>
<td>Public Prosecution</td>
</tr>
<tr>
<td>Public Works Camp</td>
</tr>
<tr>
<td>Purchasing</td>
</tr>
<tr>
<td>Recycling</td>
</tr>
<tr>
<td>Road Maintenance</td>
</tr>
<tr>
<td>Sanitation</td>
</tr>
<tr>
<td>Sewage Collection</td>
</tr>
<tr>
<td>Sidewalks</td>
</tr>
<tr>
<td>State/ Superior Court</td>
</tr>
<tr>
<td>Tax Appraisal</td>
</tr>
<tr>
<td>Tax Collection</td>
</tr>
<tr>
<td>Telecommunications</td>
</tr>
<tr>
<td>Vehicle Registration</td>
</tr>
<tr>
<td>Veterans Service</td>
</tr>
<tr>
<td>Victims Witness Service</td>
</tr>
<tr>
<td>Voter Registration</td>
</tr>
<tr>
<td>Water Pollution Control</td>
</tr>
<tr>
<td>Water Supply/Distribution</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Airport</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

---

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County Airport Authority</td>
<td>Enterprise Funds</td>
</tr>
</tbody>
</table>

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

This was a jointly funded service. Troup County will fund countywide.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

None

7. Person completing form: **Nancy Seegar, Troup County Planner**
   
   Phone number: **(706) 883-1650**  Date completed: **10/19/2011**

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

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

Page 2 of 2
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

### COUNTY: Troup  
**Service:** Alt. Dispute

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

---

**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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/19/2011

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

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

FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Animal Control</th>
</tr>
</thead>
</table>

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

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

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

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

  [ ] Hogansville, LaGrange, Troup County

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

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

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

- Yes (if ‘Yes’, you must attach additional documentation as described, below) [ ]

- No [ ]

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>Special Service District Revenues</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

This service was previously funded through the general fund revenues of Troup County. The Cities and County agreed that an unincorporated service district would be established and this service will be funded from that revenue. The revenues to offset the unincorporated service district are: life insurance premium tax, beverage tax, franchise tax, hotel tax, building permits, business license, bank license, mobile home permits, driveway/timber permits, Hogansville fire contract fees, flood control.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Point Animal Control Contract</td>
<td>City of West Point Troup County</td>
<td>3/17/1997-3/16/1998</td>
</tr>
</tbody>
</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/19/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Animal Shelter</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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: Hogansville, LaGrange, Troup County, West Point)

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>User Fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>User Fees</td>
</tr>
<tr>
<td>Troup County</td>
<td>User Fees</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

n/a

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Shelter Services for Troup County</td>
<td>City of LaGrange/Troup County</td>
<td>4/12/1997-4/11/1998</td>
</tr>
</tbody>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 10/19/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
# SERVICE DELIVERY STRATEGY

## FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Archives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check the box that best describes the agreed upon delivery arrangement for this service:</td>
<td></td>
</tr>
<tr>
<td>[ ] 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.):</td>
<td></td>
</tr>
<tr>
<td>[ ] 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.):</td>
<td></td>
</tr>
<tr>
<td>[x] 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: LaGrange, Troup County):</td>
<td></td>
</tr>
<tr>
<td>[ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</td>
<td></td>
</tr>
<tr>
<td>[ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):</td>
<td></td>
</tr>
</tbody>
</table>

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

| [ ] Yes (if 'Yes', you must attach additional documentation as described, below) |
| [x] No |

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/19/2011

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

   If not, provide designated contact person(s) and phone number(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

### COUNTY: Troup  
Service: Broadband Communications

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [X] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>User Fees</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner  
Phone number: (706) 883-1650  
Date completed: 10/19/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  | **Service:** Business Licenses

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

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

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

- [x] 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: **Hogansville, LaGrange, Troup County, West Point**)

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Business License Fee</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Business License Fee</td>
</tr>
<tr>
<td>Troup County</td>
<td>Business License Fee</td>
</tr>
<tr>
<td>West Point</td>
<td>Business License Fee</td>
</tr>
</tbody>
</table>

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

This service was previously funded through Troup County’s general fund revenues. The Cities and County agreed that an Unincorporated Service District would be established and this service would be funded from that revenue.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

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

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

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY
### FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Cemeteries</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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: Hogansville, LaGrange, West Point)

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>User Fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>User Fees</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### Service Delivery Strategy

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY:</th>
<th>Troup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service:</td>
<td>Code Enforcement</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

Hogansville, LaGrange, Troup County, West Point

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Building Permits</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Building Permits</td>
</tr>
<tr>
<td>Troup County</td>
<td>Building Permits</td>
</tr>
<tr>
<td>West Point</td>
<td>Building Permits, General Fund</td>
</tr>
</tbody>
</table>

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

This service was previously funded through Troup County’s general fund revenues. The City and County agreed that an Unincorporated Service District would be established and the service would be funded from those revenues.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

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

Phone number: (706) 883-1650  Date completed: 10/25/2011

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

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

Page 2 of 2
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Commercial Sanitation</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, *attach an explanation for continuing the arrangement* (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

---

**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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Contract with private service provider</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Enterprise fund, User fees</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise fund, General fund</td>
</tr>
</tbody>
</table>

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

none

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: **Nancy Seegar, Troup County Planner**
   Phone number: **(706) 883-1650**   Date completed: **10/25/2011**

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

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

---

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

**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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Community Service</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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: LaGrange)

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>Fines, forfeitures</td>
</tr>
<tr>
<td>West Point</td>
<td>Fines, Forfeitures</td>
</tr>
</tbody>
</table>

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

No change

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

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  
**Service:** Coroner

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  
**Service:** Court Administration

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Check the box that best describes the agreed upon delivery arrangement for this service:</td>
</tr>
<tr>
<td></td>
<td>□ 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.):</td>
</tr>
<tr>
<td></td>
<td>□ 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.):</td>
</tr>
<tr>
<td></td>
<td>□ 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):</td>
</tr>
</tbody>
</table>
| | ✔ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):  
**Hogansville, LaGrange, Troup County, West Point** |
| | □ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): |

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes (if 'Yes', you must attach additional documentation as described, below)</td>
</tr>
<tr>
<td></td>
<td>✔ No</td>
</tr>
</tbody>
</table>

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds, Fines, Forfeitures</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds, Fines, Forfeitures</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds, Fines, Forfeitures</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds, Fines, Forfeitures</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 10/25/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup

<table>
<thead>
<tr>
<th>Service: Data Processing</th>
</tr>
</thead>
</table>

### 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.

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

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

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

   - [x] 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:
     - Hogansville, LaGrange, Troup County, West Point

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

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

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

   - [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
   - [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner  
   Phone number: (706) 883-1650   Date completed: 10/25/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes  
   If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

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

### County: Troup

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

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [ ] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
     **Troup County**
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service):
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
   - [ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area):

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

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

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

none

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

   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

   If not, provide designated contact person(s) and phone 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 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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: E-911</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

   Hogansville, LaGrange, Troup County, West Point  

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)  

- [X] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Telephone subscriber fees, General Fund</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Telephone subscriber fees, General Fund</td>
</tr>
<tr>
<td>Troup County</td>
<td>Telephone subscriber fees, General Fund</td>
</tr>
<tr>
<td>West Point</td>
<td>Telephone subscriber fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650 Date completed: 10/25/2011

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

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

Page 2 of 2
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: Troup
Service: Economic Development

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

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

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

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

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

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

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

☐ Yes (if ‘Yes’, you must attach additional documentation as described, below)
☑ No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

### FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Check the box that best describes the agreed upon delivery arrangement for this service:</strong></td>
<td></td>
</tr>
<tr>
<td>✓ 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.):</td>
<td></td>
</tr>
<tr>
<td>Troup County</td>
<td></td>
</tr>
<tr>
<td>✓ 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.):</td>
<td></td>
</tr>
<tr>
<td>✓ 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):</td>
<td></td>
</tr>
<tr>
<td>✓ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):</td>
<td></td>
</tr>
<tr>
<td>✓ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):</td>
<td></td>
</tr>
</tbody>
</table>

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

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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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.):

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
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<td>Troup County</td>
<td>General Funds</td>
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</tr>
</tbody>
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

### Form 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Electric Utility</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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: 
  Hogansville, LaGrange, West Point)

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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<tr>
<th>Local Government or Authority</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Enterprise Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Enterprise Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise Funds</td>
</tr>
</tbody>
</table>

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

no change

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

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<tr>
<th>Agreement Name</th>
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</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

### FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Emergency Management</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
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</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650    Date completed: 10/25/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**Service:** Emergency Management Service

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Emergency Management Service</th>
</tr>
</thead>
</table>

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

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

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

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

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

  - Hogansville, LaGrange, Troup County, West Point

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

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

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

- No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County contracts for countywide services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Troup County contracts for countywide services.

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
# Service Delivery Strategy

## FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Extension Service</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [x] No

   If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

no change

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

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

none

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

Phone number: (706) 883-1650 Date completed: 10/25/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
# SERVICE DELIVERY STRATEGY

## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

### COUNTY: Troup  |  Service: Fire Protection

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

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

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

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

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

  - LaGrange, Troup County, West Point

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Contract with Troup County</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>USD, General Fund</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

This service was previously funded through the general fund revenues. The city and county agreed to establish an unincorporated service district that would fund this service.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### FORM 2: Summary of Service Delivery Arrangements

**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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Fleet Maintenance</th>
</tr>
</thead>
</table>

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

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

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

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

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

  **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [X] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>USD funds if in unincorporated areas</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

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

Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone number(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

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

### County: Troup  
**Service:** Health Department

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

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

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

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

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

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

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

   - [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
   - [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone number(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  
**Service:** Human Resources

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

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

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

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

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

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

   - **Hogansville, LaGrange, Troup County**

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650    Date completed: 11/7/2011

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

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

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

### Instructions:

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

### County: Troup

#### Service: Indigent Defense

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
**SERVICE DELIVERY STRATEGY**

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

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Infrastructure Development Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Check the box that best describes the agreed upon delivery arrangement for this service:</td>
</tr>
<tr>
<td></td>
<td>[ ] 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.):</td>
</tr>
<tr>
<td></td>
<td>[ ] 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.):</td>
</tr>
<tr>
<td></td>
<td>[ ] 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):</td>
</tr>
</tbody>
</table>
|               | [x] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  
Hogansville, LaGrange, Troup County, West Point |
|               | [ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): |

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

| Yes ☐ | No [x] |

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Developer financed bond indebtedness</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Developer financed bond indebtedness</td>
</tr>
<tr>
<td>Troup County</td>
<td>Developer financed bond indebtedness</td>
</tr>
<tr>
<td>West Point</td>
<td>Developer financed bond indebtedness</td>
</tr>
</tbody>
</table>

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

If the state-wide referendum for Infrastructure Development Districts (IDD) passes in November 2008, then neither Troup County, LaGrange, West Point nor Hogansville shall approve an IDD without the consent of those cities required to consent to an amendment to the Service Delivery Strategy (SDS) pursuant to O.C.G.A. 36-70-25

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

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

   Phone number: (706) 883-1650       Date completed: 11/7/2011

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

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

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

**Service: Inmate Details**

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

LaGrange, Hogansville and West Point will no longer pay for inmate work details. Troup County will fund countywide.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

### 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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Jails</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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:
  Hogansville, LaGrange, Troup County, West Point

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds, Contract services</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

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

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

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

### COUNTY: Troup  
Service: Juvenile Courts

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

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

Phone number: (706) 883-1650 Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Law Enforcement</th>
</tr>
</thead>
</table>

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

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

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

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

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

    - Hogansville, LaGrange, Troup County, West Point

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [✓] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650    Date completed: 11/7/2011

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

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

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

**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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Libraries</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

This service was jointly funded. Troup County will fund countywide.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
**SERVICE DELIVERY STRATEGY**

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

Instructions:

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Magistrate Court</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Fund, fines and forfeitures</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes
FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: Troup  Service: Marshals Office

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

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

Troup County

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

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

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

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

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

☐ Yes (if ‘Yes’, you must attach additional documentation as described, below)

✔ No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

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

Phone number: (706) 883-1650  Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Mental Health</th>
</tr>
</thead>
</table>

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

- [x] 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.):
  - Truop County

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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<tr>
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</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

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<tr>
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<th>Contracting Parties</th>
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</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Municipal Court</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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: 
  Hogansville, LaGrange, West Point

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

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

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

- [ ] Yes (If 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General funds, fines, forfeitures</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General funds, fines, forfeitures</td>
</tr>
<tr>
<td>West Point</td>
<td>General funds, fines, forfeitures</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  
**Service:** Natural Gas

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

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

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

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

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

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

   - Hogansville, LaGrange, West Point

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Enterprise Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Enterprise Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: **Nancy Seegar, Troup County Planner**  
   Phone number: **(706) 883-1650**  
   Date completed: **11/23/2011**

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Parks and Recreation</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Fund, User Fees</td>
</tr>
</tbody>
</table>

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

This was a jointly funded service, but Troup County will fund countywide.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

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

Phone number: (706) 883-1650  Date completed: 11/7/2011

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

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

Page 2 of 2
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Planning and Zoning</th>
</tr>
</thead>
</table>

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

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

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

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

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

  **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>User Fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>User Fees</td>
</tr>
<tr>
<td>Troup County</td>
<td>User Fees, Unincorporated Service District</td>
</tr>
</tbody>
</table>

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

This service was previously funded through general fund revenues. The city and county agreed that an unincorporated service district would be established and this service would be funded from that revenue.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Probate Court</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General fund, court fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

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

Phone number: (706) 883-1650   Date completed: 11/7/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### SERVICE DELIVERY STRATEGY

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Public Housing</th>
</tr>
</thead>
</table>

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

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

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

- [x] 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:
  - Hogansville, LaGrange, West Point)

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

---

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>User Fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>User Fees</td>
</tr>
<tr>
<td>West Point</td>
<td>User Fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/10/2011

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

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

Page 2 of 2
<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Public Prosecution</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/10/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### Service Delivery Strategy

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

Instructions:

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Public Works Camp</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
  - No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

**No change**

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**none**

7. Person completing form: **Nancy Seegar, Troup County Planner**
   Phone number: *(706) 883-1650*   Date completed: *11/10/2011*

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

If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**County:** Troup  
**Service:** Purchasing

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

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

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

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

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

    **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   
   Phone number: (706) 883-1650   Date completed: 11/10/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
**SERVICE DELIVERY STRATEGY**

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

**COUNTY:** Troup  
**Service:** Recycling  

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

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

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

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

- [x] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  
  
  **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650  Date completed: 11/10/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

### Form 2: Summary of Service Delivery Arrangements

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Road Maintenance</th>
</tr>
</thead>
</table>

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

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

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

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

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

  - Hogansville, LaGrange, Troup County, West Point

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650 Date completed: 11/10/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### COUNTY: Troup  |  Service: Sanitation

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

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

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

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

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

  **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>USD and General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise funds, general funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/10/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Sewage Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

- [X] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):
  
  **Hogansville, LaGrange, West Point**

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [X] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Enterprise funds, user fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Enterprise funds, user fees</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise funds, user fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/23/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Sidewalks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Check the box that best describes the agreed upon delivery arrangement for this service:</td>
<td></td>
</tr>
<tr>
<td>☐ 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.):</td>
<td></td>
</tr>
<tr>
<td>☐ 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.):</td>
<td></td>
</tr>
<tr>
<td>☑ 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: Hogansville, LaGrange, West Point)</td>
<td></td>
</tr>
<tr>
<td>☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):</td>
<td></td>
</tr>
<tr>
<td>☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</td>
<td></td>
</tr>
<tr>
<td>☐ Yes (if 'Yes', you must attach additional documentation as described, below)</td>
<td></td>
</tr>
<tr>
<td>☑ No</td>
<td></td>
</tr>
</tbody>
</table>

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/10/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
### FORM 2: Summary of Service Delivery Arrangements

**Service:** State/Superior Court  
**County:** Troup

#### 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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: State/Superior Court</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General fund, fines and forfeitures</td>
</tr>
</tbody>
</table>

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

   No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/21/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Tax Appraisal</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

NO change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/21/2011

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

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

Page 2 of 2
## SERVICE DELIVERY STRATEGY

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

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Tax Collection</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

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

none

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

   Phone number: (706) 883-1650  Date completed: 11/21/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## Service Delivery Strategy

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

### Instructions:

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

### COUNTY: Troup  
**Service:** Telecommunications

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

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

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

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

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

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

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

   - [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
   - [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

---

**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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>Enterprise fund, user fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

none

7. Person completing form: **Nancy Seegar, Troup County Planner**
   Phone number: **(706) 883-1650**  Date completed: **11/21/2011**

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

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

Form 2: Summary of Service Delivery Arrangements

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

County: Troup
Service: Vehicle Registration

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

- [x] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
  Troup County
- [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- [ ] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
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<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
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</table>

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

none

7. Person completing form: **Nancy Seegar, Troup County Planner**
   Phone number: (706) 883-1650  Date completed: 11/21/2011

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

   If not, provide designated contact person(s) and phone numbers(s) below:
SERVICE DELIVERY STRATEGY
FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: Troup  Service: Veterans Service

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

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

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

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

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

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

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

☐ Yes (if ‘Yes’, you must attach additional documentation as described, below)

☑️ No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/21/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** Troup  
**Service:** Victims Witness Service

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

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

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

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

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

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

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

   - [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
   - [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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<table>
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<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>fines</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650 Date completed: 11/21/2011

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

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

Page 2 of 2
## Service Delivery Strategy

### Form 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Voter Registration</th>
</tr>
</thead>
</table>

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

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

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

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

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

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

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

- [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)

- [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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<table>
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<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
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</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
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<tbody>
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<td></td>
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</table>

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

None

7. Person completing form: Nancy Seegar, Troup County Planner  
   Phone number: (706) 883-1650   Date completed: 11/21/2011

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

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

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

### Instructions:
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.

<table>
<thead>
<tr>
<th>COUNTY: Troup</th>
<th>Service: Water Pollution Control</th>
</tr>
</thead>
</table>

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

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

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

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

- [X] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
  
  **Hogansville, LaGrange, Troup County, West Point**

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

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

- [ ] Yes (if 'Yes', you must attach additional documentation as described, below)

- [X] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>General Funds</td>
</tr>
<tr>
<td>LaGrange</td>
<td>General Funds</td>
</tr>
<tr>
<td>Troup County</td>
<td>General Funds</td>
</tr>
<tr>
<td>West Point</td>
<td>General Funds</td>
</tr>
</tbody>
</table>

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

No change

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

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/21/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## County: Troup
### Service: Water Supply/Distribution

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

   - [ ] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
   
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
   
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
   
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
   
   - [X] Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area):

     - Hogansville, LaGrange, West Point

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

   - [ ] Yes (if 'Yes', you must attach additional documentation as described, below)
   
   - [X] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hogansville</td>
<td>Enterprise funds, user fees</td>
</tr>
<tr>
<td>LaGrange</td>
<td>Enterprise funds, user fees</td>
</tr>
<tr>
<td>West Point</td>
<td>Enterprise funds, user fees</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
</table>

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

none

7. Person completing form: Nancy Seegar, Troup County Planner
   Phone number: (706) 883-1650   Date completed: 11/23/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## SERVICE DELIVERY STRATEGY

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

### Instructions:

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

### COUNTY: Troup | Service: Work Release

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

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

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

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

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

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

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

   - [ ] Yes (if ‘Yes’, you must attach additional documentation as described, below)
   - [x] No

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup County</td>
<td>General funds, fines, forfeitures</td>
</tr>
</tbody>
</table>

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

No change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

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

none

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

Phone number: (706) 883-1650  Date completed: 11/21/2011

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

If not, provide designated contact person(s) and phone numbers(s) below:
## FORM 3: Summary of Land Use Agreements

**Instructions:**
Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

### COUNTY: Troup

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
   - **None**

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
   - [ ] Amendments to existing comprehensive plans
   - [ ] Adoption of a joint comprehensive plan
   - [ ] Other measures (amend zoning ordinances, add environmental regulations, etc.)

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?
   - Intergovernmental Contract Regarding Extraterritorial Water and Sewer Extension
   - Intergovernmental Agreement Regarding Extraterritorial Water Rates

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

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

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

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TITLE</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Hogansville</td>
<td>Mayor</td>
<td>Jimmy Jackson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of LaGrange</td>
<td>Mayor</td>
<td>W. Jeff Lukken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troup County</td>
<td>Commission Chairman</td>
<td>Richard C. Wolfe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of West Point</td>
<td>Mayor</td>
<td>A. Drew Ferguson IV</td>
<td></td>
<td></td>
</tr>
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<tr>
<td>City of Hogansville</td>
<td>Mayor</td>
<td>Jimmy Jackson</td>
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