GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Turner COUNTY

I. GENERAL INSTRUCTIONS:

1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.

2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.

3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.

4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).

5. Complete one copy of the Summary of Land Use Agreements form (page 3).

6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).

7. Mail the completed forms along with any attachments to:

   Georgia Department of Community Affairs
   Office of Coordinated Planning
   60 Executive Park South, N.E.
   Atlanta, Georgia 30329

   For answers to most frequently asked questions on Georgia’s Service Delivery Act, links and helpful publications, visit DCA’s website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

   Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

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.

<table>
<thead>
<tr>
<th>Turner County Commission</th>
<th>Turner County Development Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Ashburn</td>
<td>The Housing Authority of the City of Ashburn</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td></td>
</tr>
<tr>
<td>City of Rebecca</td>
<td></td>
</tr>
</tbody>
</table>

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

1) Airport 2) Animal Control 3) Business License 4) Chamber of Commerce 5) Code Compliance 6) Courts

DEC 1 2 2005

Verified
Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Airport

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.): Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☑ No

If these conditions will continue under the 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.

DECEMBER 12, 2005
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>Turner County</td>
<td>General Fund and 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?

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>
<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?


7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431  Date completed: 11/29/05

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? [X] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:

PAGE 2 (continued)
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Animal Control

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

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

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☐ No

If these conditions will continue under the 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.).

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<th>Local Government or Authority</th>
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<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund and User Fees</td>
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</tbody>
</table>

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

- Adds annual inter-governmental agreement to establish annual user-fees to be submitted prior to April first of each fiscal year.

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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<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Control</td>
<td>City of Ashburn</td>
<td>July 1st through June 30th</td>
</tr>
<tr>
<td></td>
<td>Turner County</td>
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<tr>
<td></td>
<td>City of Rebecca</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City of Sycamore</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?

7. Person completing form: Ben Taylor  
   Phone number: (229) 567-3431  
   Date completed: 

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Business License Administration

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

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

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

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

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

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

Ashburn, Sycamore, Rebecca, and Turner County

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

☐ Yes ☐ No

If these conditions will continue under the 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.

DEC 19 2005
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>
<td>City of Ashburn</td>
<td>General Fund - User Fees</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>General Fund - User Fees</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund - User Fees</td>
</tr>
<tr>
<td>Turner 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?

County (unincorporated) now requires business license which were not previously required. Fee structure to be coordinated with each agency honoring the others' county-wide to avoid multiple taxes.

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>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431  Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [ ] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:

   PAGE 2 (continued)
Instructions:

Make copies of this form and complete one for each service listed on page 1. Use exactly the same service names listed on page 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: Turner  Service: Chamber of Commerce

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): Ashburn-Turner Chamber of Commerce

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☑ No

If these conditions will continue under the 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.).

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<tbody>
<tr>
<td>Turner County</td>
<td>General Fund, Hotel Motel Tax</td>
</tr>
<tr>
<td>City of Ashburn</td>
<td>General Fund, Hotel Motel Tax</td>
</tr>
<tr>
<td>Ashburn-Turner County Chamber of Commerce</td>
<td>Member Dues, User Fees</td>
</tr>
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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:

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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?

7. Person completing form: Ben Taylor, Ashburn City Manager.  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Code Compliance

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: City of Ashburn)

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.

DEC 12 2005
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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<th>Local Government or Authority</th>
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<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund and Regulatory Fees</td>
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

New City Department

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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<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?

7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  
   [ ] Yes  [ ] No  
   If not, provide designated contact person(s) and phone number(s) below:
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Courts

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):

Cities of Ashburn and Sycamore and Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☒ No

If these conditions will continue under the 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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<tbody>
<tr>
<td>Turner County</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>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:

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<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?


7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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

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

PAGE 2 (continued)
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:** Turner  
**Service:** E-911

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   ☐ Yes ☐ No

If these conditions will continue under the 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.

**DEC 12 2005**
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>
<th>Local Government or Authority</th>
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</thead>
<tbody>
<tr>
<td>Turner County</td>
<td>General Fund and E-911 Telephone Surcharge</td>
</tr>
<tr>
<td>City of Ashburn</td>
<td>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?

The City of Ashburn will fund 20% of the beginning annual E-911 operational budget and up to a 3% annual budget increase if needed. Any E-911 operational budget adopted at the beginning of each fiscal year that exceeds a 5% increase of the previous years' operational budget would require approval by the City of Ashburn.

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

<table>
<thead>
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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?

This agreement will take effect on July 1st of 2006. Payments are to be made each month by the City of Ashburn to Turner County on or before the tenth day of each month. Any excess funds paid by the City of Ashburn to Turner County for the E-911 operational budget will be credited to the City of Ashburn for the upcoming fiscal year.

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: 229-677-3451    Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Economic/Industrial 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.): Turner County Development Authority

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.

DEC 12 2005
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

**Local Government or Authority:**

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turner County Development Authority</td>
<td>S.P.L.O.S.T., rent and sales</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>
<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?

7. Person completing form: Ben Taylor, Ashburn City Manager

Phone number: (229) 567-3431  Date completed: 11/29/05

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

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

PAGE 2 (continued)
Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner

Service: Emergency Management

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Georgia Emergency Management Agency Contract with Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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>Turner County</td>
<td>General Fund, Georgia Emergency Management Agency Contract</td>
</tr>
</tbody>
</table>

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

Turner County and Georgia Emergency Management Agency will be the only authorities involved.

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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<tr>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431    Date completed: 11/29/05

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

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

PAGE 2 (continued)
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS  PAGE 2

Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner
Service: Emergency Medical Services

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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>
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</tr>
</thead>
<tbody>
<tr>
<td>Turner County</td>
<td>General Fund, User Fees</td>
</tr>
<tr>
<td></td>
<td></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>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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? [X] Yes [ ] No

If not, provide designated contact person(s) and phone number(s) below:
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner Service: Fire 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:)

☐ 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:)

Cities of Ashburn, Delavan, Spurger, and Turner County. Each providing service to its unincorporated areas.

☐ 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 the strategy, were overlapping service areas, unnecessary competition and or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.

DEC 12 2005
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>
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</thead>
<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>General Fund</td>
</tr>
<tr>
<td>Turner County</td>
<td>General Fund, Insurance Premium Tax</td>
</tr>
</tbody>
</table>

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

Adds City of Rebecca and City of Sycamore Fire Departments

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>
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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?

mutual aid agreements

7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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

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

---

PAGE 2 (continued)
Instructions:

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County: Turner  
Service: Solid Waste Collection and Disposal

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):

Cities of Ashburn, Rebecca, and Sycamore, and Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.).

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<tbody>
<tr>
<td>City of Ashburn</td>
<td>User Fees</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>User Fees</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>User Fees</td>
</tr>
<tr>
<td>Turner County</td>
<td>User Fees, Insurance Premium Tax</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>
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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?


7. Person completing form: __Ben Taylor__, Ashburn City Manager
   Phone number: __(229) 567-3431__ Date completed: __11/29/05__

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

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

   __________________________

   PAGE 2 (continued)
Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Jail 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: Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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>
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</tr>
</thead>
<tbody>
<tr>
<td>Turner County</td>
<td>General Fund and User Fees</td>
</tr>
<tr>
<td>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>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?

Rate is set annually by the county prior to April 1st for the coming fiscal year's budgetary purposes. City of Ashburn's and City of Sycamore's rates are not to exceed the lowest rate of any other entity.

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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</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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431   Date completed: 11/29/05

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? [X] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:

PAGE 2 (continued)
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS  PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Library

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.): Regional Library, Turner County, Cities of Ashburn, Rebecca, and Sycamore, and Turner County Board of Education

   [ ] 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

   [ ] Yes  [ ] No

If these conditions will continue under the 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.

DEC 12 2005
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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<td>General Fund</td>
</tr>
<tr>
<td>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund</td>
</tr>
<tr>
<td>Turner County Board of Education</td>
<td>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>
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<tr>
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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?


7. Person completing form: Ben Taylor, Ashburn City Manager.  
   Phone number: (229) 567-3431.  
   Date completed: 11/29/05

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? [x] Yes  [ ] No

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Mosquito Control

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

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

☐ 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): Cities of Ashburn, Rebecca, and Sycamore

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes  ☐ No

If these conditions will continue under the 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>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>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>
<tbody>
<tr>
<td>none</td>
<td></td>
<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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431   Date completed: 11/29/05

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

If not, provide designated contact person(s) and phone number(s) below:
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS  PAGE 2

Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  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:)

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

City of Ashburn Natural Gas Department within the City's water, sewer, and gas service area
See Attached Map

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☐No

If these conditions will continue under the 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.

DEC 19 2005
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>City of Ashburn</td>
<td>Enterprise 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>
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<tr>
<th>Agreement Name:</th>
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<tbody>
<tr>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431       Date completed: 11/29/05

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

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

---

PAGE 2 (continued)
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner
Service: Parks/Cemeteries

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: City of Ashburn and City of Sycamore)

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.).

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<th>Local Government or Authority</th>
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</thead>
<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund, User Fees</td>
</tr>
<tr>
<td>City of Sycamore</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?

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>
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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?


7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431  Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Police

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: City of Ashburn and City of Sycamore)

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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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<tbody>
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<td>City of Ashburn</td>
<td>General Fund, Fine Revenue</td>
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<tr>
<td>City of Sycamore</td>
<td>General Fund, Fine Revenue</td>
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</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:

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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?


7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431          Date completed: 11/29/05

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

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

PAGE 2 (continued)
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner Service: Propane 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.): City of Ashburn

☐ 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.):

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.

DEC 12 2005
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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<th>Local Government or Authority</th>
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<td>City of Ashburn</td>
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

New Service

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

<table>
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<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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431 Date completed: 11/29/05

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? [X] Yes [ ] No

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

PAGE 2 (continued)
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.): The Housing Authority of the City of Ashburn

[ ] 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

[ ] Yes [ ] No

If these conditions will continue under the 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>
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<tbody>
<tr>
<td>The Housing Authority of the City of Ashburn</td>
<td>Federal Funds, User Fees</td>
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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:

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<tr>
<th>Agreement Name:</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?


7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number (229) 567-3431  
   Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Recreation

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.): Turner 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [x] Yes  [ ] No

If these conditions will continue under the 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>
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</tr>
</thead>
<tbody>
<tr>
<td>Turner 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?

Turner County will furnish recreation county wide.

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?

7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Roads and Bridges

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

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

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

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

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

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

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

☐ Yes  ☐ No

If these conditions will continue under the 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 a 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.

DEC 12 2005
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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<th>Local Government or Authority</th>
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<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund, Sales Tax, Department of Transportation, and Grants</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund, Sales Tax, Department of Transportation, and Grants</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>General Fund, Sales Tax, Department of Transportation, and Grants</td>
</tr>
<tr>
<td>Turner County</td>
<td>General Fund, Sales Tax, Department of Transportation, and Grants</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:

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7. Person completing form: Ben Taylor, Ashburn City Manager  
   Phone number: (229) 567-3431  
   Date completed: 11/29/05

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

   If not, provide designated contact person(s) and phone number(s) below:
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County: Turner Service: Sheriff

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.): Turner County Sheriff's Department

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

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

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

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

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

- [ ] Yes [ ] No

If these conditions will continue under the 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>Turner County</td>
<td>General Fund</td>
</tr>
<tr>
<td></td>
<td></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>
<tbody>
<tr>
<td>none</td>
<td></td>
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</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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431 Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [ ] Yes [ ] No
   If yes, provide designated contact person(s) and phone number(s) below:
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner Service: Tax Assessment

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

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

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

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

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

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

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

[ ] Yes [ ] No

If these conditions will continue under the 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>
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</thead>
<tbody>
<tr>
<td>Turner County</td>
<td>General Fund</td>
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</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>
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</tr>
</thead>
<tbody>
<tr>
<td>none</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?


7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431  Date completed: 11/29/05

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

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

   

   

   

   

PAGE 2 (continued)
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner
Service: Tax Collections

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):

Turner County, Cities of Ashburn, Rebecca, and Sycamore

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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>
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<tbody>
<tr>
<td>City of Ashburn</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>General Fund</td>
</tr>
<tr>
<td>Turner County</td>
<td>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>
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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?

7. Person completing form:  Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431     Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [ ] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:
   
   
---

PAGE 2 (continued)
Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner Service: Waste Water Treatment

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: City of Auburn, City of Sycamore)

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.).

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<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Ashburn</td>
<td>Enterprise Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>Enterprise 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>
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<tr>
<th>Agreement Name:</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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431  Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [ ] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:

   PAGE 2 (continued)
Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner  Service: Water

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

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

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

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

☐ 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 the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes ☐ No

If these conditions will continue under the 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.).

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<tbody>
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<td>City of Ashburn</td>
<td>Enterprise Fund</td>
</tr>
<tr>
<td>City of Rebecca</td>
<td>Enterprise Fund</td>
</tr>
<tr>
<td>City of Sycamore</td>
<td>Enterprise 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:

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<tr>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 587-3431   Date completed: 11/29/05

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

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

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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: Turner
Service: Zoning, Land Use, and Building Inspection Administration

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

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

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

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

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

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

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

☐ Yes [☑] No

If these conditions will continue under the 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>Turner County (Building and Zoning Department)</td>
<td>General Fund and Permits</td>
</tr>
</tbody>
</table>

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

Service provided countywide by county building and zoning department. This service is funded by County General Fund and Permit Fees.

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>
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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?

7. Person completing form: Ben Taylor, Ashburn City Manager
   Phone number: (229) 567-3431
   Date completed: 11/29/05

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? [ ] Yes [ ] No
   If not, provide designated contact person(s) and phone number(s) below:
**County:** Turner

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. Consistent land use plans were developed by the South Georgia Regional Development Center on behalf of Turner County and the City of Ashburn, City of Sycamore, and City of Rebecca as part of the Growth Strategies Planning Process. Turner County and its local jurisdictions have established a county-wide joint planning commission.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- [ ] amendments to existing comprehensive plans
- [ ] adoption of a joint comprehensive plan
- [ ] other measures (amend zoning ordinances, add environmental regulations, etc.)

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

The City notifies the County and County-Wide Planning Commission (CWPC). The CWPC makes advisory recommendations to the County. The County notifies the City of no objections. If objection is made, the city responds (1) agreeing to conditions; (2) agrees to stop annexation; (3) initiates mediation or; (4) seeks judgment in court.

4. 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?

The City notifies the County and County-Wide Planning Commission (CWPC). The CWPC makes advisory recommendations to the County. The County notifies the City of no objections. If objection is made, the city responds (1) agreeing to conditions; (2) agrees to stop extension; (3) initiates mediation or; (4) seeks judgment in Court.

5. Person completing form: Ben Taylor, City Manager

Phone number: (229) 567-3431 Date completed: 11/28/05

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? ☑ Yes □ No

If not, provide designated contact person(s) and phone number(s) below:
Instructions:
This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

**SERVICE DELIVERY STRATEGY FOR Turner COUNTY**

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

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Title</th>
<th>Jurisdiction</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deral Dukes</td>
<td>Commission Chairman</td>
<td>Turner County</td>
<td>12-1-05</td>
<td></td>
</tr>
<tr>
<td>Robert Hunnicutt</td>
<td>Mayor</td>
<td>City of Ashburn</td>
<td>12-2-05</td>
<td></td>
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<tr>
<td>Don Collins</td>
<td>Mayor</td>
<td>City of Rebecca</td>
<td>12-2-05</td>
<td></td>
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<tr>
<td>Wayne Woodruff</td>
<td>Mayor</td>
<td>City of Sycamore</td>
<td>12-5-05</td>
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