





## FORM 1

## COUNTY: WILKES COUNTY

**OPTION A** 

### I. GENERAL INSTRUCTIONS:

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

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

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: <a href="mailto:pemd.opgga@dca.ga.gov">pemd.opgga@dca.ga.gov</a>, or mail the completed forms along with any attachments to: <a href="mailto:georgia Department">GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS</a>
  OFFICE OF PLANNING AND QUALITY GROWTH

OFFICE OF PLANNING AND QUALITY GROWTH 60 Executive Park South, N.E. Atlanta, Georgia 30329

**OPTION B** 

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

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

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

City of Rayle City of Tignall City of Washington Wilkes County

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

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

Administration

Buildings & Grounds Voter Registrar Tax Assessor Tax Commissioner Tax Collection Elections

**Planning Commission** 

Superior Court Municipal Court

Coroner

District Attorney Magistrate Probate Judge

Airport

**Emergency Management** 

Sheriff Sheriff - Jail Police

E-911 Roads

Indigent Legal

Streets

Street Cleaning

Solid Waste Transfer Station

Recycling

Garbage Collection

**Emergency Medical Services** 

**Animal Shelter** 

Family & Child Services

Health Department

Nutrition

**Public Transit** 

Library

Parks & Recreation Regional Commission County Extension

Forestry

Capital Outlay

Zoning Administration Code Enforcement

Cemeteries
National Guard
Trash Pickup
Museums
Street Lights
Traffic Lights
Sidewalks
Hospital

Retail Electric Service

Water Sewer

Courthouse Lawn & Square

D.A.R.E

**Housing Authority** 

Planning & Development

Fire & Rescue

Fort Washington Park

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

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

**Tourism** 

Kettle Creek Battlefield

**Downtown Development Authority** 

**Veterans Services** 

**Economic Development** 

Family Connection

Senior Center

Payroll Development Authority







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

#### Instructions:

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

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

	y that will help to pay for this service and indicate ral funds, special service district revenues, hotel/	
Local Covernment or Authori	funding.	
Local Government or Authori Wilkes County	General Fund & Hotel Motel Tax	wetnoa
Payroll Development Authority	Special Fund	
T dyron bevelopment / tationty	Openial Fund	
4. How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
allocations. The Payroll Developm	I administration and contract with the Chamber of ent Authority will provide additional support when greements or intergovernmental contracts that w	needed.
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take of	
N/A		
7. Person completing form: <b>Justin</b> 9 Phone number: <b>706-210-2009</b>	Crighton, Senior Planner CSRARC Date completed: 10-06-2009	
	contacted by state agencies when evaluating whervice delivery strategy? ☐Yes ☒No	nether proposed local government
	person(s) and phone number(s) below: TOR, WILKES COUNTY 706-678-2511	







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

#### Instructions:

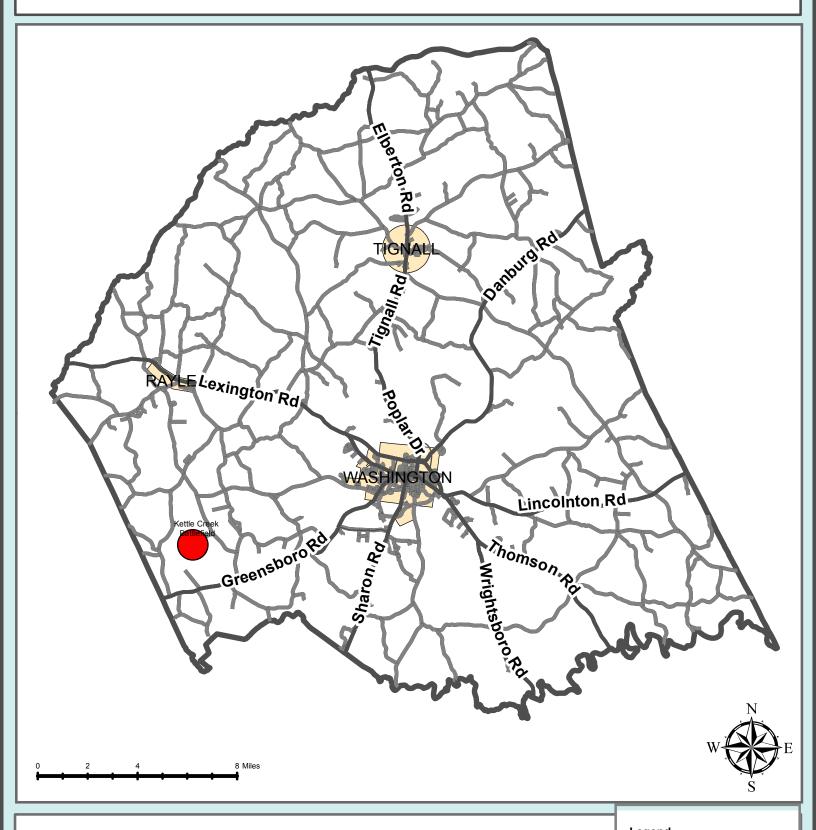
Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

should be reported to the Department of Community Affairs.			
COUNTY: WILKES COUNTY Se	ervice: Kettle Creek Battlefield		
Check the box that best describes the agreed upon describes.	elivery arrangement for this service:		
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, authority	all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):		
Service will be provided only in the unincorporated checked, identify the government, authority or organiz	portion of the county by a single service provider. (If this box is ation providing the service.):		
	nin their incorporated boundaries, and the service will not be provided fy the government(s), authority or organization providing the service:		
	nin their incorporated boundaries, and the county will provide the d, identify the government(s), authority or organization providing the		
	delineating the service area of each service provider, and on that will provide service within each service area.): City of sis.		
In developing this strategy, were overlapping service identified?	areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional document	ation as described, below)		
⊠No			
	ch an explanation for continuing the arrangement (i.e., 86-70-24(1)), overriding benefits of the duplication, or reasons that inated).		
If these conditions will be eliminated under the strategy, will be taken to eliminate them, the responsible party an	attach an implementation schedule listing each step or action that d the agreed upon deadline for completing it.		

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

Local Government or Author	ority Funding	Method
Wilkes County	General Fund - General Maintenance	
City of Washington	General Fund- Special Cases	
4. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
This is a new service.		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	) will be used to implement the strategy for this set ate or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: <b>Justir</b> Phone number: <b>706-210-2009</b>	Date completed: 09-28-2009	
	e contacted by state agencies when evaluating wh service delivery strategy?  ☐Yes ⊠No	nether proposed local government
MIKE ESKEW, ADMINISTRAT	ct person(s) and phone number(s) below: OR,CITY OF WASHINGTON 706-678-3277	

## **Kettle Creek Battlefield Location Map**





Central Savannah River Area Regional Development Center GIS Department 3023 River Watch Parkway, Suite A Augusta, GA 30907-2016 www.csrardc.org

## Legend

Wilkes County

Cities

Roads



Historical Sites County







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

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

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

Local Government or Author	ority Funding I	Method
City of Washington	General Fund	
, ,		
	<u>'</u>	
low will the strategy change th	e previous arrangements for providing and/or fundi	ng this service within the county?
nis is a new service.		
nis service:	agreements or intergovernmental contracts that wi	in be doed to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
/A		
	) will be used to implement the strategy for this ser	
	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
ncts of the General Assembly, r		
ncts of the General Assembly, r		
cts of the General Assembly, r		
acts of the General Assembly, r		
acts of the General Assembly, r		
Acts of the General Assembly, respectively.  APPerson completing form: Justin Phone number: 706-210-2009	ate or fee changes, etc.), and when will they take e  n Crighton, Senior Planner CSRARC Date completed: 10-06-2009	ffect?
Acts of the General Assembly, repair of the General Assembly,	ate or fee changes, etc.), and when will they take e  n Crighton, Senior Planner CSRARC Date completed: 10-06-2009  ne contacted by state agencies when evaluating who	ffect?
Person completing form: Justin Phone number: 706-210-2009	ate or fee changes, etc.), and when will they take e  n Crighton, Senior Planner CSRARC Date completed: 10-06-2009	ffect?

MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277







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### Instructions:

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

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

Local Government or Authority	Funding	Method
City of Washington	General Fund	niourea -
3,1		
I. How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service within the county?
This is a new sensite		
This is a new service.		
5. List any formal service delivery agree	ements or intergovernmental contracts that w	ill be used to implement the strategy for
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w	ill be used to implement the strategy for
this service:	-	
this service:  Agreement Name	ements or intergovernmental contracts that w  Contracting Parties	ill be used to implement the strategy for Effective and Ending Dates
this service:	-	
this service:  Agreement Name	-	
this service:  Agreement Name	-	
this service:  Agreement Name	-	
this service:  Agreement Name	-	
this service:  Agreement Name	-	
this service:  Agreement Name N/A	Contracting Parties	Effective and Ending Dates
this service:  Agreement Name N/A  6. What other mechanisms (if any) will be	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
this service:  Agreement Name N/A  6. What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
this service:  Agreement Name N/A  6. What other mechanisms (if any) will be	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  6. What other mechanisms (if any) will be	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  6. What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  S. What other mechanisms (if any) will be	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  S. What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  6. What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  De used to implement the strategy for this ser	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local
Agreement Name N/A  S. What other mechanisms (if any) will be acts of the General Assembly, rate or N/A  7. Person completing form: Justin Crig	Contracting Parties  De used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Dates  Prvice (e.g., ordinances, resolutions, local

Page 2 of 2

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







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

#### Instructions:

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

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

3. List each governm	ent or authority that will	help to pay for this ser	vice and indicate how	he service will be funded (e.g.,
enterprise funds, ι	ser fees, general funds,	special service district	revenues, hotel/motel	taxes, franchise taxes, impact
fees, bonded indel	otedness, etc.).			

Local Government or Authority	Funding Method
City of Washington	General Fund
Wilkes County	General Fund
Payroll Development Authority	General Revenues

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

This is a new service. The City of Washington and the Payroll Development Authority will provide the service and operational costs associated with economic development will be shared by the Payroll Development Authority, City of Washington and Wilkes County on a case-by-case basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

N/A

- 7. Person completing form: **Justin Crighton, Senior Planner CSRARC**Phone number: **706-210-2009**Date completed: 10-06-2009
- 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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277

MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







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

	ty that will help to pay for this service and inderal funds, special service district revenues, h	
Local Government or Author	rity Fund	ling Method
City of Washington	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the	e previous arrangements for providing and/or	funding this service within the county?
The service will be funded by bot	h the City of Washington and Wilkes County.	
this service:	agreements or intergovernmental contracts th	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
N/A  6. What other mechanisms (if any)		is service (e.g., ordinances, resolutions, local
N/A  6. What other mechanisms (if any)	will be used to implement the strategy for thi	is service (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for thi	is service (e.g., ordinances, resolutions, local
N/A  6. What other mechanisms (if any) acts of the General Assembly, ra  N/A  7. Person completing form: Justin Phone number: 706-210-2009  8. Is this the person who should be	will be used to implement the strategy for thing ate or fee changes, etc.), and when will they to the changes of the changes o	is service (e.g., ordinances, resolutions, local ake effect?

MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







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

#### Instructions:

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

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

Local Government or Authorit		Method
Wilkes County	General Fund	
City of Washington	General Fund	
How will the strategy change the p	previous arrangements for providing and/or fund	ding this service within the county?
accurately reflect the cooperative n	divide the cost of operating the Senior Center vature of this new funding arrangement the By-I rovisions for an equal number of board appoint	aws of the Senior Centers Governing
this service:	greements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dates
<u>l</u>		
	vill be used to implement the strategy for this se e or fee changes, etc.), and when will they take	
acts of the General Assembly, rate		
acts of the General Assembly, rate  N/A  Person completing form: Justin C	e or fee changes, etc.), and when will they take	
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take	







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

#### Instructions:

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

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

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

Local Government or Authority	Funding Method
City of Washington	General Fund
Wilkes County	General Fund
Payroll Developent Authority (Wilkes)	Special Fund
How will the strategy change the previ	ious arrangements for providing and/or funding this service within the county?

The Payroll Development Authority is funded with revenues that it generates itself as well as jointly by the City of Washington and Wilkes County on a case-by-case basis. This is a change that is intended to reflect that.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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: **Justin Crighton, Senior Planner CSRARC**Phone number: **706-210-2009**Date completed: 10-06-2009

N/A

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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







## FORM 3: Summary of Land Use Agreements

### Instructions:

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

Community Affairs.	
COUNTY:WILKES COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?  None	ere identified in the process of
Check the boxes indicating how these incompatibilities or conflicts were addressed:	
Amendments to existing comprehensive plans	NOTE:
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: N/A	•
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? N/A	
4. Person completing form: Justin Crighton, Senior Planner CSRARC	
Phone number: <b>706-210-2009</b> Date completed: 10-06-2009	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
MIKE ESKEW, CITY OF WASHINGTON 706-678-3277, DAVID TYLER, WILKES COL	JNTY 706- 678-2511







# SERVICE DELIVERY STRATEGY FORM 4: Certifications

#### Instructions:

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
RAYLE	Mayor	Norman Echols		
TIGNALL	Mayor	Richard Gammon		
WASHINGTON	Mayor	W.E. Burns		
WILKES COUNTY	Chairman	Sam Moore		







## FORM 1

## COUNTY: WILKES COUNTY

**OPTION A** 

### I. GENERAL INSTRUCTIONS:

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

**OPTION B** 

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

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: <a href="mailto:pemd.opqga@dca.ga.gov">pemd.opqga@dca.ga.gov</a>, or mail the completed forms along with any attachments to: <a href="mailto:GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS">GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS</a>
  OFFICE OF PLANNING AND QUALITY GROWTH

60 Executive Park South, N.E. Atlanta, Georgia 30329

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

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

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

City of Rayle City of Tignall City of Washington Wilkes County

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

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

Administration

Buildings & Grounds Voter Registrar Tax Assessor Tax Commissioner Tax Collection Elections

Planning Commission

Superior Court Municipal Court

Coroner

District Attorney Magistrate Probate Judge

Airport

**Emergency Management** 

Sheriff Sheriff - Jail Police E-911

Indigent Legal

Streets

Roads

Street Cleaning

Solid Waste Transfer Station

Recycling

Garbage Collection

**Emergency Medical Services** 

**Animal Shelter** 

Family & Child Services Health Department

Nutrition

**Public Transit** 

Library

Parks & Recreation Regional Commission County Extension

Forestry

Capital Outlay

Zoning Administration Code Enforcement

Cemeteries
National Guard
Trash Pickup
Museums
Street Lights
Traffic Lights
Sidewalks
Hospital

Retail Electric Service

Water Sewer

Courthouse Lawn & Square

**Housing Authority** 

Planning & Development

Fire & Rescue

Fort Washington Park

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

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

**Tourism** 

Kettle Creek Battlefield

**Downtown Development Authority** 

**Veterans Services** 

**Economic Development** 

Family Connection

Senior Center

Payroll Development Authority







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

### Instructions:

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

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

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

Local Government or Authority	Funding Metho	od .
Rayle	General Fund	
Tignall	General Fund	
Washington	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or funding thi	s service within the county?
N/A This is the same arrangement as before		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below:
MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277
DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511
ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551
NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? Yes No

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







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

#### Instructions:

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

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

	eral fu	will help to pay for this service and indicate honds, special service district revenues, hotel/mo	
Local Government or Author	ritv	Funding Me	ethod
Wilkes County	<u>y</u>	General Fund	
,			
4. How will the strategy change th	e previ	ious arrangements for providing and/or funding	this service within the county?
3, 3	'		,
N/A This is the same arrangeme	nt as b	efore	
	agreer	ments or intergovernmental contracts that will I	be used to implement the strategy for
this service:			
A cure a ma a má Alla ma a		Contracting Posting	Effective and Ending Dates
Agreement Name N/A		Contracting Parties	Effective and Ending Dates
IN/A			
		e used to implement the strategy for this service	
acts of the General Assembly, r	ate or i	fee changes, etc.), and when will they take effe	ect?
N/A			
N/A			
7. Person completing form: Justin	n Crigh	nton, Senior Planner	
Phone number: <b>406-210-2008</b>		ate completed: 12/08/2009	
		·	
		acted by state agencies when evaluating whetl e delivery strategy?	her proposed local government
If not provide designated conta	ct nare	on(e) and phone number(e) below:	
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511	
DAVID TILLIN, ADMINISTRA	ιι Οιν,		







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Local Government or Authority		Funding Method
Wilkes County	General Fund	
City of Washington	General Fund	

Wilkes County	General Fund	
City of Washington	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
N/A This is the same arrangeme	nt as hafara	
N/A This is the same arrangeme	nt as before	
	agreements or intergovernmental contracts that w	vill be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
6. What other mechanisms (if any	) will be used to implement the strategy for this se	rvice (e.g. ordinances, resolutions, local
	) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
	) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
acts of the General Assembly, r		
acts of the General Assembly, r		
acts of the General Assembly, r		
acts of the General Assembly, r  N/A  7. Person completing form: Justir	ate or fee changes, etc.), and when will they take on the changes of the changes	
acts of the General Assembly, r	ate or fee changes, etc.), and when will they take	

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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







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

### Instructions:

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

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

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

Local Government or Authority	Funding Meth	hod			
Rayle	General Fund	100			
Tignall	General Fund				
Washington	General Fund				
Wilkes County	General Fund				
Wilkes County	General i unu				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?					
N/A This is the same arrangement as before					
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
Agreement Name N/A	Contracting Parties	Effective and Ending Dates			
	Contracting Parties	Effective and Ending Dates			
	Contracting Parties	Effective and Ending Dates			
	Contracting Parties	Effective and Ending Dates			
	Contracting Parties	Effective and Ending Dates			
	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any) will be	Contracting Parties  De used to implement the strategy for this service fee changes, etc.), and when will they take effect	(e.g., ordinances, resolutions, local			
6. What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service	(e.g., ordinances, resolutions, loca			
6. What other mechanisms (if any) will be	be used to implement the strategy for this service	(e.g., ordinances, resolutions, loca			

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551 NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

### Instructions:

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

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

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

Local Government or Authority	Funding Method			
Rayle	General Fund			
Tignall	General Fund			
Washington	General Fund			
Wilkes County	General Fund			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
N/A This is the same arrangement as before				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name N/A	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be	De used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?			
6. What other mechanisms (if any) will be	be used to implement the strategy for this service (e.			

If not, provide designated contact person(s) and phone number(s) below:
MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277
DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511
ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551
NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:WILKES	Service: Cemeteries		
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 his 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.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
Page 1 of 2			

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy? ☐Yes ☒No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

Local Government or Authority	Funding	Method
Washington	General Fund	
Wilkes County	General Fund	
N/A This is the same arrangement as b	pefore	
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy fo
this service:	ments or intergovernmental contracts that v	
this service:  Agreement Name	ments or intergovernmental contracts that v  Contracting Parties	will be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name		
this service:		
this service:  Agreement Name N/A  . What other mechanisms (if any) will be		Effective and Ending Dates  ervice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

	eral fu	will help to pay for this service and indicate honds, special service district revenues, hotel/mo			
Local Government or Authority		Funding Me	Funding Method		
Wilkes County		General Fund			
How will the strategy change the	e previ	ous arrangements for providing and/or funding	g this service within the county?		
N/A This is the same arrangements.  5. List any formal service delivery this service:		efore ments or intergovernmental contracts that will be	pe used to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
N/A					
		e used to implement the strategy for this service changes, etc.), and when will they take effe			
N/A					
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009			
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whetle delivery strategy? $\square$ Yes $\boxtimes$ No	ner proposed local government		
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511			







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy? ☐Yes ☒No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding I	Method
Washington	General Fund	
Wilkes County	General Fund	
, , , , , , , , , , , , , , , , , , ,	vious arrangements for providing and/or fund	
N/A This is the same arrangement as I	hefore	
_		
_	ements or intergovernmental contracts that w  Contracting Parties	rill be used to implement the strategy for  Effective and Ending Dates
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name	ements or intergovernmental contracts that w	
5. List any formal service delivery agree this service:  Agreement Name N/A  6. What other mechanisms (if any) will be	ements or intergovernmental contracts that w	Effective and Ending Dates  rvice (e.g., ordinances, resolutions, local
5. List any formal service delivery agree this service:  Agreement Name N/A  6. What other mechanisms (if any) will be	Contracting Parties  Dec used to implement the strategy for this ser	Effective and Ending Dates  rvice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

Local Government or Authority	Funding	Method
Washington	General Fund	
Wilkes County	General Fund	
N/A This is the same arrangement as b	pefore	
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy fo
this service:	ments or intergovernmental contracts that v	
this service:  Agreement Name	ments or intergovernmental contracts that v  Contracting Parties	will be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name		
this service:		
this service:  Agreement Name N/A  . What other mechanisms (if any) will be		Effective and Ending Dates  ervice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

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

Local Government or Authori	ty Funding	Method
Wilkes County	General Fund	
City of Washington	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fundamental	ding this service within the county?
N/A This is the same arrangement	as before	
5. List any formal service delivery a this service:	greements or intergovernmental contracts that v	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: Justin ( Phone number: 706-210-2008	Crighton, Senior Planner Date completed: 12/08/2009	
	contacted by state agencies when evaluating wervice delivery strategy?  ☐Yes  ☐No	hether proposed local government
MIKE ESKEW, ADMINISTRATO	person(s) and phone number(s) below: R,CITY OF WASHINGTON 706-678-3277 PR, WILKES COUNTY 706-678-2511	







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Family Connection
Check the box that best describes the agreed upon      Service will be provided countywide (i.e., includithis box is checked, identify the government, authority).	ing all cities and unincorporated areas) by a single service provider. (If
_	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding	Method
Washington	General Fund	
Wilkes County	General Fund	
N/A This is the same arrangement as b	pefore	
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy fo
this service:	ments or intergovernmental contracts that v	
this service:  Agreement Name	ments or intergovernmental contracts that v  Contracting Parties	will be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name		
this service:		
this service:  Agreement Name N/A  . What other mechanisms (if any) will be		Effective and Ending Dates  ervice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Fire & Rescue
Check the box that best describes the agreed upon      Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the unty
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Metho	od .
Rayle	General Fund	
Tignall	General Fund	
Washington	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or funding thi	s service within the county?
N/A This is the same arrangement as b		
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will be u	ised to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (	e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below:
MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277
DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511
ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551
NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? Yes No

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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:WILKES	Service: Fort Washington Park		
1. Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If		
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.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy? ☐Yes ☒No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

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

Local Government or Authority	Funding Metho	od .
Rayle	General Fund	
Tignall	General Fund	
Washington	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or funding th	is service within the county?
	nefore  ments or intergovernmental contracts that will be u	used to implement the strategy for
this service:		,
	Contracting Parties	
this service:  Agreement Name N/A	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	
Agreement Name N/A  6. What other mechanisms (if any) will b	Contracting Parties  e used to implement the strategy for this service (fee changes, etc.), and when will they take effect?	Effective and Ending Dates  e.g., ordinances, resolutions, local
Agreement Name N/A  6. What other mechanisms (if any) will b	e used to implement the strategy for this service (	Effective and Ending Dates  e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below:
MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277
DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511
ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551

projects are consistent with the service delivery strategy? ☐Yes ☒No

Date completed: 12/08/2009

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

7. Person completing form: Justin Crighton, Senior Planner

Phone number: **406-210-2008** 







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

	eral fu	will help to pay for this service and indicate nds, special service district revenues, hotel/r	
Local Government or Author	ritv	Funding I	Method
Wilkes County	,	General Fund & SPLOST	
,			
How will the strategy change th	e prev	ious arrangements for providing and/or fundi	ing this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreei	ments or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this ser fee changes, etc.), and when will they take e	
N/A			
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009	
		acted by state agencies when evaluating wheeled education where delivery strategy? ☐Yes ☒No	ether proposed local government
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511	







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

#### Instructions:

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

enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	
Washington	General Fund	
Tignall	General Fund	

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Washington	General Fund	
Tignall	General Fund	
4. How will the strategy change the	e previous arrangements for providing and/or fur	nding this service within the county?
N/A This is the same arrangeme	nt as hafara	
N/A This is the same arrangement	ill as belore	
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergovernmental contracts that	will be used to implement the strategy for
and dervice.		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
		I
	) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	
N/A		
7 Darson completing form: Justi	Criabtan Sanjar Blannar	
<ol><li>Person completing form: Justi Phone number: 406-210-2008</li></ol>	Date completed: 12/08/2009	
	·	
	e contacted by state agencies when evaluating v	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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 **ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551** 







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

#### Instructions:

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

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

Local Government or Author	ity Funding	Method
Wilkes County	General Fund	
Washington	General Fund	
Tignall	General Fund	
3		
4. How will the strategy change the	previous arrangements for providing and/or fun	ding this service within the county?
N/A This is the same arrangemer	nt as before	
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this set te or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>	Crighton, Senior Planner Date completed: 12/08/2009	
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		
	t person(s) and phone number(s) below:	

DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551







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

#### Instructions:

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

3	B. 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		oa
Wilkes County	General Fund	
Tignall	General Fund	
Washington	General Fund	
Wilkes County Board of Education	General Fund	
How will the strategy change the p	revious arrangements for providing and/or funding tl	nis service within the county?
N/A This is the same arrangement a	s before	
List any formal service delivery agonthis service:	eements or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effect	
N/A		
7. Person completing form: <b>Justin C</b> i Phone number: <b>706-210-2008</b>	righton, Senior Planner Date completed: 12/08/2009	
	ontacted by state agencies when evaluating whethe vice delivery strategy?  ☐Yes  ☑No	r proposed local government
DAVID TYLER, ADMINISTRATOR MIKE ESKEW, ADMINISTRATOR ELAINE JACKSON, CLERK, CITY	CITY OF WASHINGTON 706-678-3277	DUCATION 706-678-2718

Dome 2 of 2







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).	
Local Government or Authority	Funding Method
Washington	General Fund
Tignall	General Fund

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Washington	General Fund	
Tignall	General Fund	
1. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
N/A This is the same arrangeme	nt as hafara	
N/A This is the same arrangeme	nii as beiore	
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergovernmental contracts that	will be used to implement the strategy for
tills service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	) will be used to implement the strategy for this s	
acts of the General Assembly, i	ate or fee changes, etc.), and when will they take	e effect?
N/A		
7. Person completing form: <b>Justi</b> i	n Crighton, Senior Planner	
Phone number: <b>406-210-2008</b>	Date completed: 12/08/2009	
R Is this the person who should h	e contacted by state agencies when evaluating v	whether proposed local government
	e contacted by state agencies when evaluating v	vilotiloi proposed local governinelli

projects are consistent with the service delivery strategy? ☐ Yes ☒No

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 **ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551** 







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

#### Instructions:

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:WILKES	Service: Museums		
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, autho	rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is anization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the control of the condition of the conditions will continue under this strategy, a condition of the co	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	
Washington	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?	
N/A This is the same arrangement as b	pefore	
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will be used to implement the strategy for	

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

	` ,	) will be used to impler ate or fee changes, etc	0,	\ <b>U</b> /	ances, resolutions, local
N/A					

- 7. Person completing form: **Justin Crighton, Senior Planner**Phone number: **706-210-2009**Date completed: 12/08/2009
- 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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511







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

#### Instructions:

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

Local Government or Authority	Funding	Method
Washington	General Fund	
Wilkes County	General Fund	
N/A This is the same arrangement as b	pefore	
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy fo
this service:	ments or intergovernmental contracts that v	
this service:  Agreement Name	ments or intergovernmental contracts that v  Contracting Parties	will be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name		
this service:		
this service:  Agreement Name N/A  . What other mechanisms (if any) will be		Effective and Ending Dates  ervice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Wilkes County	General Fund	
City of Washington	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
N/A This is the same arrangement as b		
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A		
7. Person completing form: <b>Justin Crigit</b> Phone number: <b>706-210-2008</b> D	nton, Senior Planner ate completed: 12/08/2009	
9. Is this the person who should be cont	acted by state agencies when evaluating whether pr	ronosed local government

If not, provide designated contact person(s) and phone number(s) below: DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277

projects are consistent with the service delivery strategy? ☐Yes ☒No







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Parks & Recreation
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includithis box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	entation as described, below)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authori	ty Funding	Method		
Washington	General Fund	General Fund		
Wilkes County	General Fund			
Tignall	General Fund			
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?		
N/A This is the same arrangement	as before			
5. List any formal service delivery a this service:	greements or intergovernmental contracts that w	vill be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
N/A				
	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take			
N/A				
7. Person completing form: <b>Justin</b> (Phone number: <b>406-210-2008</b>	Crighton, Senior Planner Date completed: 12/08/2009			
	contacted by state agencies when evaluating whervice delivery strategy?  ☐Yes ⊠No	nether proposed local government		
	person(s) and phone number(s) below: R,CITY OF WASHINGTON 706-678-3277			

DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551







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

#### Instructions:

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

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Authority Funding Method		hod	
Washington		General Fund	
vvasimgion			
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy? ☐Yes ☒No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

Local Government or Authority	Funding	Method
Washington	General Fund	
Wilkes County	General Fund	
N/A This is the same arrangement as b	pefore	
List any formal service delivery agree	ments or intergovernmental contracts that v	will be used to implement the strategy fo
this service:	ments or intergovernmental contracts that v	
this service:  Agreement Name	ments or intergovernmental contracts that v  Contracting Parties	will be used to implement the strategy for Effective and Ending Dates
this service:  Agreement Name		
this service:		
this service:  Agreement Name N/A  . What other mechanisms (if any) will be		Effective and Ending Dates  ervice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	ands, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Washington	General Fund
Tignall	General Fund

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Washington	General Fund	
Tignall	General Fund	
1. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
N/A This is the same arrangeme	nt as hafara	
N/A This is the same arrangeme	nii as beiore	
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergovernmental contracts that	will be used to implement the strategy for
tills service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	) will be used to implement the strategy for this s	
acts of the General Assembly, i	ate or fee changes, etc.), and when will they take	e effect?
N/A		
7. Person completing form: <b>Justi</b> i	n Crighton, Senior Planner	
Phone number: <b>406-210-2008</b>	Date completed: 12/08/2009	
R Is this the person who should h	e contacted by state agencies when evaluating v	whether proposed local government
	e contacted by state agencies when evaluating v	vilotiloi proposed local governinelli

projects are consistent with the service delivery strategy? ☐ Yes ☒No

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 **ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551** 







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Probate Judge
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Wilkes County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
MO	
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

	that will help to pay for this service and indicaral funds, special service district revenues, hote	
Local Government or Authori	ty Fundin	g Method
Wilkes County	General Fund	
Washington	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
N/A This is the same arrangement	as before	
this service:	greements or intergovernmental contracts that	,
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this se or fee changes, etc.), and when will they take	
N/A		

7. Person completing form: **Justin Crighton, Senior Planner**Phone number: **706-210-2008**Date completed: 12/08/2009

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: DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: CSRA Regional Commission
	ing all cities and unincorporated areas) by a single service provider. (If
service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the unty
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Met	thod
Rayle	General Fund	inoa
Tignall	General Fund	
Washington	General Fund	
Wilkes County	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the pre	vious arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangement as	before	
List any formal service delivery agree this service:	ements or intergovernmental contracts that will b	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will I	Contracting Parties  Doe used to implement the strategy for this service fee changes, etc.), and when will they take effective	e (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will I	oe used to implement the strategy for this service	e (e.g., ordinances, resolutions, loca

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551 NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

Local Government or Authority	Funding Metho	od
Vashington	Consolidated Public Utility Fund	
		is sometime with in the seconds O
low will the strategy change the prev	vious arrangements for providing and/or funding th	is service within the county?
A This is the same arrangement as I	hoforo	
A This is the same arrangement as I	Delore	
ist any formal corvice delivery agree	amonts or intergovernmental contracts that will be	used to implement the strategy
is service:	ements or intergovernmental contracts that will be u	used to implement the strategy
iis service.		
Agreement Name	Contracting Parties	Effective and Ending Dat
Α		
Vhat other mechanisms (if any) will b	be used to implement the strategy for this service (	e.g., ordinances, resolutions, lo
ata af tha Canaval Aasamahli, rata ar	fee changes, etc.), and when will they take effect?	?
cts of the General Assembly, rate or		
cts of the General Assembly, rate of		
cts of the General Assembly, rate of		
/A		
A Person completing form: Justin Crig		
/A Person completing form: Justin Crig	hton, Senior Planner Date completed: 12/08/2009	
Person completing form: <b>Justin Crig</b> Phone number: <b>406-210-2008</b>	Date completed: 12/08/2009	proposed local government
Person completing form: <b>Justin Crig</b> Phone number: <b>406-210-2008</b> Is this the person who should be cont	Date completed: 12/08/2009 tacted by state agencies when evaluating whether	proposed local government
Person completing form: <b>Justin Crig</b> Phone number: <b>406-210-2008</b>	Date completed: 12/08/2009 tacted by state agencies when evaluating whether	proposed local government







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Roads
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	
checked, identify the government, authority or orga	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documents as a company of the co	entation as described, below)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	eral fu	will help to pay for this service and indicate nds, special service district revenues, hotel/r	
Local Government or Author	ritv	Funding I	Method
Wilkes County		General Fund	
4. How will the strategy change th	ie previ	ous arrangements for providing and/or fund	ing this service within the county?
NI/A This is the second second second		a form	
N/A This is the same arrangeme	nt as b	efore	
<ol><li>List any formal service delivery this service:</li></ol>	agreer	ments or intergovernmental contracts that wi	Il be used to implement the strategy for
tine convice.			
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
-			
		e used to implement the strategy for this ser ee changes, etc.), and when will they take e	
N/A			
7. Person completing form: <b>Justii</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009	
		acted by state agencies when evaluating when exacted by strategy?  ☐Yes  ☐No	ether proposed local government
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511	







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

#### Instructions:

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

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

Local Government or Author	rity	Funding Method	
Washington	С	Consolidated Public Utility Fund	
Tignall	G	General Fund	
4. How will the strategy change the	e previou	s arrangements for providing and/or funding this s	service within the county?
N/A This is the same arrangemen	nt as befo	ore	
5. List any formal service delivery a this service:	agreeme	nts or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this service (e.g changes, etc.), and when will they take effect?	., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2009</b>		n, Senior Planner completed: 12/08/2009	
8. Is this the person who should be projects are consistent with the s	e contacto service de	ed by state agencies when evaluating whether pro elivery strategy?	pposed local government
If not, provide designated contact MIKE ESKEW, ADMINISTRATO E LAINE JACKSON, CLERK, CIT	OR,CITY	OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Sheriff
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.): <b>Wilkes County</b>
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>ar</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	ands, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Washington	General Fund
Tignall	General Fund

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Washington	General Fund	
Tignall	General Fund	
1. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
N/A This is the same arrangeme	nt as before	
N/A This is the same arrangeme	nii as beiore	
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergovernmental contracts that	will be used to implement the strategy for
tills service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	) will be used to implement the strategy for this s	
acts of the General Assembly, i	ate or fee changes, etc.), and when will they take	e effect?
N/A		
7. Person completing form: <b>Justi</b> i	n Crighton, Senior Planner	
Phone number: <b>406-210-2008</b>	Date completed: 12/08/2009	
R Is this the person who should h	e contacted by state agencies when evaluating v	whether proposed local government
	e contacted by state agencies when evaluating v	vilotiloi proposed local governinelli

projects are consistent with the service delivery strategy? ☐ Yes ☒No

If not, provide designated contact person(s) and phone number(s) below: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 **ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551** 







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

#### Instructions:

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

fees, bonded indebtedness, etc.		i, special service district revenues, notel	l/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding	Method
Wilkes County		eneral Fund	
- Times startly			
4. How will the strategy change the	e previous	s arrangements for providing and/or fund	ding this service within the county?
NI/A This is the second second			
N/A This is the same arrangemer	nt as befo	re	
<ol><li>List any formal service delivery a this service:</li></ol>	agreemer	nts or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this se changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
N/A			
L			
7. Person completing form: Justin	Criahtor	Senior Planner	
Phone number: <b>706-210-2008</b>		completed: 12/08/2009	
Phone number: <b>706-210-2008</b>	Date e contacte	completed: 12/08/2009 ed by state agencies when evaluating w	hether proposed local government







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

#### Instructions:

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

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy?  ☐Yes ⊠No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

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

Local Government or Autho	rity Fundii	ng Method
Washington	General Fund	
Tignall	General Fund	
Rayle	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fo	unding this service within the county?
N/A This is the same arrangeme	nt as before	
5. List any formal service delivery this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	) will be used to implement the strategy for this ate or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: <b>Justin</b> Phone number: <b>406-210-2008</b>	Crighton, Senior Planner Date completed: 12/08/2009	
	e contacted by state agencies when evaluating service delivery strategy?  ☐Yes ⊠No	whether proposed local government







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

#### Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Local Government or Authority	Funding Method
Vashington	General Fund
Tignall	General Fund
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?
How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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?	

N/A			

7. Person completing form: **Justin Crighton, Senior Planner**Phone number: **406-210-2008**Date completed: 12/08/2009

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: MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551







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

#### Instructions:

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

	eral fu	will help to pay for this service and indicate honds, special service district revenues, hotel/mo	
Local Government or Author	rity	Funding Me	thod
Wilkes County		General Fund	
How will the strategy change the	e previ	ous arrangements for providing and/or funding	g this service within the county?
N/A This is the same arrangements.  5. List any formal service delivery this service:		efore ments or intergovernmental contracts that will be	pe used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service changes, etc.), and when will they take effe	
N/A			
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whetle delivery strategy? $\square$ Yes $\boxtimes$ No	ner proposed local government
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511	







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

#### Instructions:

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

	eral fu	will help to pay for this service and indicate honds, special service district revenues, hotel/mo	
Local Government or Author	rity	Funding Me	thod
Wilkes County		General Fund	
How will the strategy change the	e previ	ous arrangements for providing and/or funding	g this service within the county?
N/A This is the same arrangements.  5. List any formal service delivery this service:		efore ments or intergovernmental contracts that will be	pe used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service changes, etc.), and when will they take effe	
N/A			
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whetle delivery strategy? $\square$ Yes $\boxtimes$ No	ner proposed local government
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511	







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Tax Collection
Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	rity or organization providing the service.):
checked, identify the government, authority or orga	,
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the unty
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
	entation as described, below)
overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method	
Rayle	General Fund	
Tignall	General Fund	
Washington	General Fund	
Wilkes County	General Fund	
Wilkes County	General Fund	
4. How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
N/A This is the same arrangement as b	pefore	
<ol><li>List any formal service delivery agree this service:</li></ol>	ments or intergovernmental contracts that will be use	ed to implement the strategy for
		I
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be	Contracting Parties  The used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will be	ne used to implement the strategy for this service (e.	

If not, provide designated contact person(s) and phone number(s) below:
MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277
DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511
ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551
NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? Yes No

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







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

#### Instructions:

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

	eral fu	will help to pay for this service and indicate honds, special service district revenues, hotel/mo			
Local Government or Author	rity	Funding Me	thod		
Wilkes County		General Fund			
How will the strategy change the	e previ	ous arrangements for providing and/or funding	g this service within the county?		
	N/A This is the same arrangement as before  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for				
Agreement Name		Contracting Parties	Effective and Ending Dates		
N/A					
		e used to implement the strategy for this service changes, etc.), and when will they take effe			
N/A					
7. Person completing form: <b>Justin</b> Phone number: <b>706-210-2008</b>		aton, Senior Planner ate completed: 12/08/2009			
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					
		on(s) and phone number(s) below: WILKES COUNTY 706-678-2511			







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

#### Instructions:

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

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

Local Government or Authorit	ty Funding	Method
Washington	General Fund	
Tignall	General Fund	
Rayle	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
N/A This is the same arrangement	as before	
List any formal service delivery age     this service:	greements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	
N/A		
7. Person completing form: <b>Justin (</b> Phone number: <b>406-210-2008</b>	Crighton, Senior Planner Date completed: 12/08/2009	
8. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating whervice delivery strategy? ∐Yes ⊠No	nether proposed local government
	person(s) and phone number(s) below: R,CITY OF WASHINGTON 706-678-3277	

ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551 NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350







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

#### Instructions:

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

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding	this service within the county?
N/A This is the same arrangeme	nt as b	efore	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy?  ☐Yes ⊠No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

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

Local Covernment or Authority	Funding Method			
Local Government or Authority Wilkes County	General Fund			
Washington	General Fund			
Tignall	General Fund			
Rayle	General Fund			
Nayle	General Fund			
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?		
N/A This is the same arrangement as b	N/A This is the same arrangement as before			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name N/A	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will b	Contracting Parties  e used to implement the strategy for this service (e.geochanges, etc.), and when will they take effect?			
6. What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this service (e.			
6. What other mechanisms (if any) will b	e used to implement the strategy for this service (e.			

If not, provide designated contact person(s) and phone number(s) below: DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277 ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551 NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

projects are consistent with the service delivery strategy? ☐Yes ☒No

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







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

#### Instructions:

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

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

Local Government or Authorit	ty Funding	Method
Washington	General Fund	
Tignall	General Fund	
Rayle	General Fund	
4. How will the strategy change the	General Fund General Fund General Fund General Fund General Fund  ge the previous arrangements for providing and/or funding this service within the county?  ement as before  Very agreements or intergovernmental contracts that will be used to implement the strategy for  Contracting Parties  Effective and Ending Dates  any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local ly, rate or fee changes, etc.), and when will they take effect?	
N/A This is the same arrangement	as before	
List any formal service delivery age     this service:	greements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	ce delivery agreements or intergovernmental contracts that will be used to implement the strategy for	
N/A		
7. Person completing form: <b>Justin (</b> Phone number: <b>406-210-2008</b>	General Fund  Inge the previous arrangements for providing and/or funding this service within the county?  Ingement as before  Ingement as before  Ingements or intergovernmental contracts that will be used to implement the strategy for  Contracting Parties  Effective and Ending Dates  (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local analy, rate or fee changes, etc.), and when will they take effect?  Justin Crighton, Senior Planner	
8. Is this the person who should be projects are consistent with the se	contacted by state agencies when evaluating whervice delivery strategy? ∐Yes ⊠No	nether proposed local government
	person(s) and phone number(s) below: R,CITY OF WASHINGTON 706-678-3277	

ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551 NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILKES	Service: Zoning Administration
Check the box that best describes the agreed upon      Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the conditions are serviced to the conditi	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	eral fur	will help to pay for this service and indicate hounds, special service district revenues, hotel/mot	
Local Government or Author	ritv	Funding Met	hod
Washington		General Fund	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  N/A This is the same arrangement as before  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:    Agreement Name   Contracting Parties   Effective and Ending Dates   N/A			
N/A This is the same arrangeme	nt as b	efore	
	agreer	nents or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service ee changes, etc.), and when will they take effec	
N/A			
7. Person completing form: <b>Justir</b> Phone number: <b>406-210-2008</b>		ton, Senior Planner ate completed: 12/08/2009	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether delivery strategy?  ☐Yes ⊠No	er proposed local government
		on(s) and phone number(s) below: Y OF WASHINGTON 706-678-3277	







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

#### Instructions:

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

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

	Funding Method	
Local Government or Authority Funding Method  Wilkes County General Fund		
Washington	General Fund	
Tignall	General Fund	
Rayle	General Fund	
4. How will the strategy change the previous	ous arrangements for providing and/or funding this	service within the county?
N/A This is the same arrangement as before  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fo		
this service:		
Agroomant Nama	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name N/A	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (e. ee changes, etc.), and when will they take effect?	

If not, provide designated contact person(s) and phone number(s) below: DAVID TYLER, ADMINISTRATOR, WILKES COUNTY 706-678-2511 MIKE ESKEW, ADMINISTRATOR, CITY OF WASHINGTON 706-678-3277

Date completed: 12/10/2009

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

ELAINE JACKSON, CLERK, CITY OF TIGNALL 706-285-2551

projects are consistent with the service delivery strategy? ☐Yes ☒No

NORMAN ECHOLS, MAYOR, CITY OF RAYLE 706-274-3350

7. Person completing form: Justin Crighton, Senior Planner

Phone number: **706-210-2008** 







## FORM 4: Certifications

#### Instructions:

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
RAYLE	Mayor	Norman Echols	no Take	10-10
<u>TIGNALL</u>	Mayor	Richard Gammon	At the second	10.HO
WASHINGTON	Mayor	W.E. Burns	WE Burn	10/12/9
WILKES COUNTY	Chairman	Sam Moore	20 m	10/8/09