



# Leek Wootton & Guy's Cliffe Neighbourhood Plan Response Form 2017

For Official Use Only

Ref:

Rep. Ref.

Please use this form if you wish to support or object to the Leek Wootton & Guy's Cliffe Neighbourhood Development Plan  
If you are commenting on multiple sections of the document you will need to complete a separate copy of Part B  
of this form for each representation.

This form may be photocopied or, alternatively, extra forms can be obtained from the Council's offices or places where the  
plan has been made available (see back page). You can also respond online using the LDP Consultation System,  
visit: [www.warwickdc.gov.uk/neighbourhoodplans](http://www.warwickdc.gov.uk/neighbourhoodplans)

## Part A - Personal Details

	1. Personal Details	2. Agent's Details (if applicable)
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Job Title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Address Line 2	<input type="text"/>	<input type="text"/>
Address Line 3	<input type="text"/>	<input type="text"/>
Address Line 4	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Notify you when the Neighbourhood Plan is 'Made' (adopted)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
About You (optional): Gender	<input type="text"/>	
Ethnic Origin	<input type="text"/>	
Age	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16 - 24	<input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44
	<input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65+

# Part B - Commenting on the Leek Wootton & Guy's Cliffe NDP

If you are commenting on multiple sections of the document you will need to complete a separate sheet for each representation

Sheet  of

Which part of the document are you responding to?

Paragraph number / Heading / Subheading (if relevant)

Map (if relevant)

What is the nature of your representation?

Support

Object

Please set out full details of your objection or representation of support. If objecting, please set out what changes could be made to resolve your objection (Use a separate sheet if necessary).

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## Guidance on Making Representations

- Please use this response form as it will help the Council to keep accurate and consistent records of all the comments on the Plan, alternatively complete online at [www.warwickdc.gov.uk/neighbourhoodplans](http://www.warwickdc.gov.uk/neighbourhoodplans)
- If you wish to make comments on more than one aspect of the Plan, please use a separate copy of Part B of this form for each
- You may withdraw your objection at any time by writing to Warwick District Council, address below
- It is important that you include your name and address as anonymous forms cannot be accepted. **If your address or email details change, please inform us** in writing
- All forms should be received by **4.45pm on Friday 13 October 2017**
- Copies of all the representations will be made available for others to see at the Council's offices at Riverside House and online via the Council's e-consultation system. Please note that all comments on the Plan are in the public domain and the Council cannot accept confidential objections. The information will be held on a database and used to assist with the preparation of planning policy documents and with consideration of planning applications in accordance with the Data Protection Act 1998
- Please return this form to: Business Manager, Policy & Development, Warwick District Council, Riverside House, Milverton Hill, Leamington Spa, CV32 5QH or email: [newlocalplan@warwickdc.gov.uk](mailto:newlocalplan@warwickdc.gov.uk)