

Part B – Representation

1. To which document does the comment relate? *Please tick one box only.*

<input checked="" type="checkbox"/>	Submission Plan
<input type="checkbox"/>	Consultation Statement
<input type="checkbox"/>	Basic Conditions Statement
<input type="checkbox"/>	Other <i>Please specify:</i>

2. To which part of the document does the comment relate? *Please identify the text that you are commenting on, where appropriate.*

	<i>Location of Text</i>
Whole document	
Section	
Policy	SB and map 5
Page	Text on page 28
Appendix	

3. Do you wish to? *Please tick one box only.*

<input type="checkbox"/>	Support
<input checked="" type="checkbox"/>	Object
<input type="checkbox"/>	Make an observation

4. Please use the box below to give reasons for your support/objection or make your observation.

Please see attached statement

Continue overleaf if necessary

5. Please give details of any suggested modifications in the box below.

Please see attached statement

Continue overleaf if necessary

6. Do you wish to be notified of the District Council's decision to make or refuse to make the neighbourhood plan? Please tick one box only.

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Signature: L J Evans (Southern Planning Practice)

Date: 13/06/2018

If submitting the form electronically, no signature is required.

Please use this box to continue your responses to Questions 4 & 5 if necessary