

QUESTIONNAIRE

Please read the enclosed leaflet carefully before completing this questionnaire

Please Answer
"Yes" or "No"

- 1 Would you like your street to be included in a controlled parking zone (CPZ) as broadly described in the leaflet?
- 2 If the neighbouring streets were included within a CPZ, would you prefer your street also to be brought under control to prevent possible parking displacement?
- 3 Would you be content to see similar controls in your street to those of the existing CPZ EO, Monday – Friday, 11.00 a.m. – 12.30 p.m.? (*Comment on other preferences below*)

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(Please note: there is no possibility that a CPZ would be implemented without permit charges.)

Comments

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.....Continue overleaf

Name*.....

Address.....

Post Code.....Date.....

*If you prefer you may reply anonymously but please at least tell us the road you live in

[illegible]