

Proposed Controlled Parking Zones Consultation Questionnaire
North Street 'area'

It is recommended that you read the enclosed information before completing the questions below. Please complete the questionnaire and return it to the council in the pre-paid envelope provided (no stamp required) to reach us by **21st December 2016**. The questionnaire will also be available for download from the council's consultation web page. If you require additional copies of the questionnaire, please contact the Traffic team on 020 8583 3322 or email traffic@hounslow.gov.uk

Your name (optional - company name if appropriate): _____

Address*: _____

Postcode _____

(* required for analysis purposes only; in accordance with the Data Protection Act 1998, your name and address will be kept confidential).

Please tick the appropriate box

Q1. Are you in favour of your road being included in a CPZ? (please tick one box)

Yes ☐ No ☐

Q2. If a CPZ were to be introduced, what days would you like the CPZ to operate? (Tick one box)

Monday-Friday ☐

Monday-Saturday ☐

Monday-Sunday ☐

Q3. If a CPZ were to be introduced, what times would you like the CPZ to operate? (Tick one box)

Part Day (eg 10am – 12noon) ☐ Your preferred times _____

Split Day (eg 10-11am & 3-4pm) ☐ Your preferred times _____

Full Day (eg 9.30am – 5pm) ☐ Your preferred times _____

Q4. If you are not in favour of your road being included in a CPZ, would you reconsider if the roads around you showed support?

Yes ☐ No ☐

Please use the space overleaf for any other comments or issues you would like to raise regarding parking or traffic in your area. Please note, we may not be able to respond to them individually due to the large volume of correspondence that CPZ consultations generate. You will however be notified of the outcome of this consultation in due course.

Thank you for taking the time to respond to this consultation.