

Linkfield Road area Questionnaire

Please consider reducing the Council's postage costs by filling this out online at www.surveymonkey.com/r/Linkfieldarea

Name* : _____

Address*: _____

_____ Postcode*: _____

Email*: _____

Telephone*: _____

* You do not have to provide any personal information, but this will help the London Borough of Hounslow to understand responses. Postcode information, for example, may assist in understanding local concerns. In accordance with the Data Protection Act 1998, your name, address, and contact details will be kept confidential.

This is a (please tick one):

Residential address ☐ Commercial / Service address ☐

"I most often use Linkfield Road area as a..." (please tick all that apply):

Car driver ☐ Bus passenger ☐ Motorcyclist ☐ Cyclist ☐

Commercial vehicle driver ☐ Pedestrian or on a mobility aid ☐

Section 1 - Traffic management suggestions for the Linkfield Road area:

The following questions relate to traffic management suggestions to reduce through traffic on Linkfield Road. Please indicate your level of support for each. If you do not support any change to traffic movements on this road please tick oppose/strongly oppose for each option.

- 1) Linkfield Road to become one-way westbound between Twickenham Road and London Road (the road would remain two-way for cyclists)?

Strongly support	Support	No view	Oppose	Strongly oppose
------------------	---------	---------	--------	-----------------

- 2) No entry into Linkfield Road (eastbound) at its junction with London Road (except cycles)?

Strongly support	Support	No view	Oppose	Strongly oppose
------------------	---------	---------	--------	-----------------

- 3) Closure of Linkfield Road west of Grainger Road?

Strongly support	Support	No view	Oppose	Strongly oppose
------------------	---------	---------	--------	-----------------

Section 2 - Parking

The following questions relate to the potential to introduce parking controls on Linkfield Road and all surrounding roads between London Road and Twickenham Road (exclusive). We are also asking residents their opinion on controls for St John's Road, London Road (on the section between Nos. 420 and 450), and on Mandeville Road.

Do you support the introduction of a Residents Controlled Parking Zone (CPZ) on your road? (please tick one box)

Yes ☐

No ☐

Name of road in which you live: _____

If there were a Controlled Parking Zone in your road, what hours would you prefer? Please indicate your preferred hours of control for weekdays below (you can put forward your own preference for operational hours under 'Other').

☐ FULL day – 9.30am – 5.30pm (same as existing Spring Grove CPZ)

☐ FULL day – 8am – 8pm (same as existing Twickenham Road CPZ)

☐ ONE part of the day only – 10am – 12 noon (2 hours)

☐ TWO parts of the day – 10am – 12 noon and 3pm – 5pm

☐ Include Saturday?

☐ Include Sunday?

Other (please specify your preferred days/hours)

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Thank you for letting us know what you think. Please ensure that your reply reaches our FREEPOST address or online via survey monkey, no later than **Monday, 9 January 2017.**

Some Information about You

It would be helpful to know a little bit about you. Your answers will not be used to identify you and you do not have to answer them if you prefer not to. However, by answering the questions we can better understand who is taking part in the consultation and assess the impact of our proposals. If you prefer not to disclose this information, please select the relevant option below.

Your gender:

Male	
Female	
Other	
Prefer not to say	

Your age:

Under 18	
18 - 29	
30 - 44	
45 - 59	
60 +	
Prefer not to say	

Your ethnicity:

Mixed background	
Asian or Asian British	
White or White British	
Black or Black British	
Prefer not to say	
Other (please specify)	

Do you consider yourself to have a disability:

Yes	
No	
Prefer not to say	

If you consider yourself to have a disability, please indicate the type of disability which applies to you. People may experience more than one type of disability, in which case tick all types that apply. If your disability does not fit any of these types, please specify 'other'

Sensory impairment	
Physical disability	
Mental health condition	
Learning disability	
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	
Prefer not to say	
Other (Please specify if you wish)	