**Cottenham** **Neighbourhood Plan**

Response Form

This form has two parts to complete (please use black ink):

**PART A – Your Details**

**PART B – Your Response**

If you need any further information or assistance in completing this form please contact the Planning Policy Team on: 01954 713183 or[neighbourhood.planning@scambs.gov.uk](mailto:neighbourhood.planning@scambs.gov.uk)

**All comments must be received by 5pm on Monday 25 March 2019.**

**Data Protection**

We will treat your data in accordance with our Privacy Notices: [www.scambs.gov.uk/planning-policy-privacy-notice/](http://www.scambs.gov.uk/planning-policy-privacy-notice/) Information will be used by South Cambridgeshire District Council and Cottenham Parish Council solely in relation to the Cottenham Neighbourhood Plan. Comments, including names, will be available to view on the Council’s website. Full comments including addresses will also be available to view on request.

**By submitting this response form you are agreeing to these conditions.**

The Council is not allowed to automatically notify you of future consultations unless you ‘opt-in’. Do you wish to be kept informed of future stages of the Cottenham Neighbourhood Plan?

**Please tick: Yes**  **No**

**PART A – Your Details**

Please note that we cannot register your comments without your details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Agent’s name:** |  |
| **Name of organisation:**  (if applicable) |  |  | **Name of Agent’s organisation:**  (if applicable) |  |
| **Address:** |  |  | **Agent’s Address:** |  |
| **Postcode:** |  |  | **Postcode:** |  |
| **Email:** |  |  | **Email:** |  |
| **Tel:** |  |  | **Tel:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  |
| *If you are submitting the form electronically, no signature is required.* | | | | |

**PART B – Your Response**

|  |  |  |  |
| --- | --- | --- | --- |
| **What part of the Neighbourhood Plan do you have comments on?** | | | |
| **Policy or Paragraph Number** (Please state) |  | | |
| **Do you Support, Object or have Comments?** (Please tick) |  | **SUPPORT**  **OBJECT**  **COMMENT** | |
|  | | |
| **Reason for SUPPORT, OBJECT or COMMENT:**  Please give details to explain why you support, object or have comments on the Neighbourhood Plan.  **If you are commenting on more than one policy or paragraph, please make clear which parts of your response relate to each policy or paragraph.**  If you consider that the referendum boundary should be extended please outline your reasons. | | |
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| **Summary of Comments:**  If your comments are longer than 100 words, please summarise the main issues raised. |
|  |

**COMPLETED FORMS MUST BE RECEIVED BY 5PM ON 25 MARCH 2019 AT:**

**POST:** Planning Policy Team, South Cambridgeshire District Council, Cambourne Business Park, Cambourne, Cambridge, CB23 6EA

**EMAIL:** [neighbourhood.planning@scambs.gov.uk](mailto:neighbourhood.planning@scambs.gov.uk)