**Histon & Impington**

**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 Wednesday 31 July 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 Histon & Impington Parish Council solely in relation to the Histon & Impington 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 Histon & Impington 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 31 JULY 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)