For office use only Batch number:\_\_\_\_\_ Representor ID #\_\_\_\_\_ Representation #

Received:	
Ack:	



# PIMPERNE NEIGHBOURHOOD PLAN Regulation 16 Consultation 11 May to 22 June 2018

# **Response Form**

The proposed Pimperne Neighbourhood Plan has been submitted to North Dorset District Council for examination. The neighbourhood plan and all supporting documentation can be viewed on the District Council's website via: <a href="https://www.dorsetforyou.gov.uk/planning/north-dorset/planning-policy">www.dorsetforyou.gov.uk/planning/north-dorset/planning-policy</a>

#### Please return completed forms to:

Email: planningpolicy@north-dorset.gov.uk

Post: Planning Policy (North Dorset), South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ

Deadline: 4pm on Friday 22 June 2018. Representations received after this date will not be accepted.

## Part A – Personal Details

This part of the form must be completed by all people making representations as **anonymous comments cannot be accepted.** By submitting this response form you consent to your information being disclosed to third parties for this purpose, personal details will not be visible on our website, although they will be shown on paper copies that will be sent to the independent examiner and available for inspection. Your information will be retained by the Council in line with its retention schedule and privacy policy (<u>https://www.dorsetforyou.gov.uk/privacypolicy</u>). Your data will be destroyed when the plan becomes redundant.

\*If an agent is appointed, please complete only the Title, Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.

	Personal Details (if applicable)*	Agent's Details (if applicable)*
Title		
First Name		
Last Name		
Job Title		
(where relevant)		
Organisation		
(where relevant)		
Address		
Postcode		
Tel. No.		
Email Address		

## Part B – Representation

**1.** To which document does the comment relate? *Please tick one box only.* 

Submission Plan	
Consultation Statement	
Basic Conditions Statement	
Other Please specify:	

**2.** To which part of the document does the comment relate? *Please identify the text that you are commenting on, where appropriate.* 

	Location of Text	
Whole document		
Section		
Policy		
Page		
Appendix		

**3.** Do you wish to? Please tick one box only.

Support
Object
Make an observation

### 4. Please use the box below to give reasons for your support/objection or make your observation.

Continue overleaf if necessary

5. Please give details of any suggested modifications in the box below.

Continue overleaf if necessary

6. Do you wish to be notified of the District Council's decision to make or refuse to make the neighbourhood plan? *Please tick one box only.* 

Yes
No

Signature:

Date:\_\_\_\_\_

If submitting the form electronically, no signature is required.

Please use this box to continue your responses to Questions 4 & 5 if necessary