



## Part B – Representation

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

<input checked="" type="checkbox"/>	Submission Plan
<input type="checkbox"/>	Consultation Statement
<input type="checkbox"/>	Basic Conditions Statement
<input type="checkbox"/>	Other <i>Please specify:</i>

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

	<i>Location of Text</i>
Whole document	
Section	
Policy	MHN and map 5
Page	Text on page 21-23
Appendix	

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

<input type="checkbox"/>	Support
<input checked="" type="checkbox"/>	Object
<input type="checkbox"/>	Make an observation

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

**Please see attached statement**

*Continue overleaf if necessary*

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

Please see attached statement

*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.**

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Signature: L J Evans (Southern Planning Practice)

Date: 13/06/2018

*If submitting the form electronically, no signature is required.*

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