

WIMBORNE ST GILES NEIGHBOURHOOD PLAN

Regulation 16 Consultation

**Monday 12 August 2024 until Tuesday 24 September 2024**

Response Form

The proposed Wimborne St Giles Neighbourhood Plan has been submitted to Dorset Council for examination. The neighbourhood plan and supporting documentation can be viewed on Dorset Council’s website: <https://www.dorsetcouncil.gov.uk/w/wimborne-st-giles-neighbourhood-plan>

**Please return completed forms to:**

Email: [NeighbourhoodPlanning@dorsetcouncil.gov.uk](mailto:NeighbourhoodPlanning@dorsetcouncil.gov.uk)

Post: Spatial Planning, Dorset Council, County Hall, Colliton Park, Dorchester, DT1 1XJ

**Deadline: End of Tuesday 24 September 2024.** 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 ([www.dorsetcouncil.gov.uk/privacypolicy](http://www.dorsetcouncil.gov.uk/privacypolicy)). Your data will be destroyed when the plan becomes redundant.

|  |  |  |
| --- | --- | --- |
|  | Personal Details \* | Agent’s Details \* |
| Title |  |  |
| First Name |  |  |
| Last Name |  |  |
| Job Title(if relevant) |  |  |
| Organisation (if relevant) |  |  |
| Address |  |  |
| Postcode |  |  |
| Tel. No. |  |  |
| Email Address |  |  |

*\*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.*

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 or objection, or to make your observation.**

|  |
| --- |
|  |

*Continue on a separate sheet if necessary*

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

|  |
| --- |
|  |

*Continue on a separate sheet if necessary*

**6. Do you wish to be notified of Dorset 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.*