**Sid Valley Neighbourhood Plan**

**Pre-Submission Version Representation Form**

For QB Use Only

Rep No.

The Sid Valley Neighbourhood Plan has been prepared on behalf of Sidmouth Town Council. We are legally required to undertake public consultation prior to formal submission to East Devon District Council. All comments will be considered to inform our final submission document.

**Please return this form to the address shown at the bottom of page 3 by 12th April 2018. Representations received after this time will not be accepted.**

**Part A – Personal Details** Please note we cannot accept anonymous responses.

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

 \*if an agent is appointed, please fill in your title, name and organisation and the full contact details of the agent. Where an agent is used the agent will be the point of contact for correspondence.

|  |  |
| --- | --- |
| Name/OrganisationPlease complete for each sheet |  |

**Representation details**

**Please use a separate form for each representation**

**1. To which section of the Neighbourhood Plan does this representation relate?**

**(Please note that a separate form must be completed for each representation).**

|  |  |
| --- | --- |
| Policy Number(Include policy, paragraph or other reference no. if appropriate) |  |

**2. Please use the box below to set out why you are supporting or objecting to this part of the plan.** If your comment relates to a specific area of land or site if possible please identify it on a map. Continue on a separate sheet if necessary.

|  |
| --- |
|  |
| Name/OrganisationPlease complete for each sheet |  |

**3. What changes would you suggest should be made to the plan?**

It will be helpful if you are able to put forward your suggested revised wording of any policy or text or suggested alternative policy boundary. Please be as precise as possible.

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|  |

Continue on a separate sheet if necessary

*Please note that your comments and your contact details will be publically available, although your signature, private e-mail address and telephone number will not be visible on our web site.*

|  |  |
| --- | --- |
| Signed |  |

If filling in the form electronically it can be an ‘electronic signature’ by typing in your name in the box. If you provide a handwritten signature we will ensure that it is not published on-line but it will be visible on the paper copies available at our offices.

|  |  |
| --- | --- |
| Date |  |

**Please e-mail the completed form(s) and any additional information to** neighbourhood@sidmouth.gov.uk **or send to The Administrator, Sid Valley Neighbourhood Plan, Sidmouth Town Council, Woolcombe House, Woolcombe Lane, Sidmouth EX10 9BB**