

# Walton controlled parking scheme

Feedback form

July 2009



Thank you for your interest and for completing this form. Your views are important and will help us to finalise the scheme. Below, we ask for information about you, as well as what you think about the scheme. This is to help Surrey County Council deliver services that best suit everyone in the area. We promise that everything you tell us will be treated in strict confidence and in reporting the collected results, nothing will be directly attributed to any individual person. Please answer as many questions as possible.

Name \_\_\_\_\_

I am (*Please tick all that apply*)

Address including postcode

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A local resident
- A local worker
- Regular visitor (eg shopper)
- Local Business

I generally:

- Support the scheme
- Have no definite view
- Other (state): \_\_\_\_\_

Any Comments?

Which exhibition did you visit?

How did you know about these exhibitions?

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="radio"/> July 10th or 11th                             | <input type="radio"/> Flyer delivered to me | <input type="radio"/> Other        |
| <input type="radio"/> July 12th - 15th                              | <input type="radio"/> SCC website           | <input type="radio"/> Did not know |
| <input type="radio"/> None – I got information from the SCC website | <input type="radio"/> Press                 |                                    |

What is your gender?

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 2005?

- |                              |  |                           |  |
|------------------------------|--|---------------------------|--|
| <input type="radio"/> Female | <input type="radio"/> Trans                | <input type="radio"/> Yes | <input type="radio"/> Dont Know            |
| <input type="radio"/> Male   | <input type="radio"/> Prefer not to answer | <input type="radio"/> No  | <input type="radio"/> Prefer not to answer |

How would you describe your ethnic group? (*please tick one*)

- |  |   |  |
|--|---|--|
| <input type="radio"/> Asian or Asian British | <input type="radio"/> Black or Black British        | <input type="radio"/> White                |
| <input type="radio"/> Mixed                  | <input type="radio"/> Chinese or other Ethnic Group | <input type="radio"/> Prefer not to answer |

**Please post this completed form in the marked box here.  
Thank you for your time and your comments.**