

Have your say on parking – St Lukes development

Guildford Borough Council and Surrey County Council are reviewing on-street parking in and around the town centre controlled parking zone and would like to hear your views.

Please give your contact details at the end of the survey and add any other comments on the other side of this survey. Please sign and date it at the end and return it in the pre-paid envelope provided by **Friday 27 April 2012**.

Your details will only be used for this consultation.

To what extent do you agree with the following statements (questions 1 to 3). Please tick one box only for each statement:

1. I think there is a parking problem in my road.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I think my road should be subject to formal parking controls.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If parking controls were introduced in neighbouring roads, I would want my road to be subject to parking controls as well.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If parking controls were introduced in my road, I think they should be (tick one box only):

a) limited to yellow lines around junctions, bends and other key locations	<input type="checkbox"/>
b) the same as the Controlled Parking Zone (with all kerb space controlled by a combination of yellow lines and formal parking spaces)	<input type="checkbox"/>
c) don't know / no opinion	<input type="checkbox"/>
d) other	<input type="checkbox"/>

If you have chosen 'other' for question 4, please state your preference below:

.....

.....

please turn over...

Name / Business

Address

Telephone number

Email address

Signature Date

Thank you for completing the survey. If you have any other comments please add them below.
