Have your say on parking – Dene Road area (Area D)

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 and 2):

| 1. I think there i | s a parking probl | em in my road. (| Please tick one bo | ox only.) |
|---------------------------------|--|-------------------------------|---------------------|-------------------|
| Strongly agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Strongly disagree |
| | | | | |
| | | | Go to Q4 | Go to Q4 |
| | rking problems ir se tick one box o | | ainly caused by pa | rking by non- |
| Strongly agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Strongly disagree |
| | | | | |
| | | | Go to Q4 | Go to Q4 |
| 3. When do you any boxes that a | | ents' parking mos | stly causes a probl | em? (Please tic |
| Monday-Friday Midnight-10am | 10am-4pm | 4pm-6pm | 6pm-9pm | 9pm-Midnight |
| | | | | |
| Saturday Midnight-10am | 10am-4pm | 4pm-6pm | 6pm-9pm | 9pm-Midnight |
| | | | | |
| Sunday | | | | |
| Midnight-10am | 10am-4pm | 4pm-6pm | 6pm-9pm | 9pm-Midnight |
| | | | | |

Please turn over...

| • | • | Monday to Saturda | • | |
|-------------------------------------|--------------------|--|----------------|----------------|
| Yes | No | Don't know | | |
| | | | | |
| | Go to Q6 | | | |
| enter the specif operate below.) | ic times on the da | ermit scheme shou ys that you would | | |
| Monday-Friday From | То | | | |
| | | | | |
| Saturday | То | | | |
| | | | | |
| Sunday | | | | |
| From | То | | | |
| | | | | |
| | | es to the parking co access onto the p Neither agree nor disagree | | |
| | | | | |
| | | | | |
| Name / Busines | ss | | | |
| Address . | | | | |
| Telephone num | ber | | | |
| Email address | | | | |
| Signature . | | | Date . | |
| | ompleting the sur | vey. If you have a eet. | ny other comme | nts please add |