

## Have your say on parking – Woodbridge Road area

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 29 June 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 is a parking problem in my road. (Please tick one box only.)

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"/>
			Go to Q4	Go to Q4

2. I think the parking problems in my road are mainly caused by parking by non-residents. (Please tick one box only.)

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"/>
			Go to Q4	Go to Q4

3. When do you think non-residents' parking mostly causes a problem? (Please tick any boxes that apply.)

Monday-Friday

Midnight-10am	10am-4pm	4pm-6pm	6pm-9pm	9pm-Midnight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Saturday

Midnight-10am	10am-4pm	4pm-6pm	6pm-9pm	9pm-Midnight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sunday

Midnight-10am	10am-4pm	4pm-6pm	6pm-9pm	9pm-Midnight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over...

4. Do you think the operational hours of the permit scheme in my road should be changed from the current times (Monday to Saturday 8.30am to 6pm)? (Please tick one box only.)

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Go to Q6**

5. What times do you think the permit scheme should operate in your road? (Please enter the specific times on the days that you would like to see the permit scheme operate below.)

Monday-Friday

From	To
<input type="text"/>	<input type="text"/>

Saturday

From	To
<input type="text"/>	<input type="text"/>

Sunday

From	To
<input type="text"/>	<input type="text"/>

6. Do you think the free, limited waiting shared-use parking spaces in your road should be converted into pay and display, shared-use parking spaces? (Please tick one box only.)

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 or use a separate sheet.

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