

## Milton Area Consultation Questionnaire

Whether you live or work in the area, own or have access to a vehicle or cycle or use public transport, your views are important.

Please take the time to fill in this questionnaire with regards to the proposal as your views count & return it in the pre-paid envelope by 22<sup>nd</sup> JULY 2011.

**Please use a blue or black pen & complete in BLOCK CAPITAL LETTERS where indicated.**

Name: (Capitals) .....

Address: (Capitals) .....

Post Code: (Capitals) .....

**1. Is the above address?**

Your home     Retail Premises     Office

Other (please specify) .....

**2. Does your household have access to a car?**

Yes     No

If Yes, how many? .....

**3. Do you have off street parking?**

Yes     No

**4. Do you think that there is a parking problem in your road?**

Yes     No



