## LOCALPLAN helpingshapethedistrict



## **Preferred Options Response Form**

2012

For Official Use Only
Ref: 6983
Rep. Ref.

Please use this form if you wish to support or object to the Preferred Options version of the new Local Plan.

If you are commenting on multiple sections of the document you will need to complete a separate copy of Part B of this form for each representation.

This form may be photocopied or, alternatively, extra forms can be obtained from the Council's offices or places where the plan has been made available for members of the public. You can also respond online using the LDF Consultation System, visit: www.warwickdc.gov.uk/newlocalplan

## Part A - Personal Details

	1. Personal Details	2. Agent's Details (if a	pplicable)
Title	MS		
First Name	RUNH		
Last Name	COVERL INSURANCE ADVISOR		
Job Title (where relevant)	INSURANCE ADVISOR		
Organisation (where relevant)			
Address Line 1			
Address Line 2		Manager Green House	
Address Line 3			
Address Line 4			
Postcode			
Telephone number		and the second second	
Email address		fee,	
Would you like to be made awa	re of future consultations on the new Local	Plan? Yes	No
About You: Gender			
Ethnic Origin			
Age			

## Part B - Commenting on the Preferred Options

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Which document are you responding to? e.g. Preferred Options (Booklet) Preferred Options (Fu	ull Version)
Which part of the document are you responding to? Preferred Option Box (e.g. PO1)	
Paragraph number / Heading / Subheading (if relevo	ant)
Map (e.g. Preferred Development Sites - Whole Dist	rict)
What is the nature of your representation?	Support Object
Please set out full details of your objection or repress could be made to resolve your objection (Use a sep	pentation of support. If objecting, please set out what changes parate sheet if necessary).
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