## LOCALPLAN helpingshapethedistrict



## **Preferred Options Response Form**

2012

For Official Use Only	
Ref: 6771	
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 applicable)
Title	MRS	
First Name	GILLIAN.	
Last Name	LILLYSTONE CUERICAL OFFICEA	
Job Title (where relevant)	CUERICAL OFFICER	
Organisation (where relevant)		
Address Line 1		
Address Line 2		
Address Line 3		_
Address Line 4		
Postcode		
Telephone number		
Email address		
Would you like to be made awar	re of future consultations on the new Local Pla	an? Yes No
About You: Gender		
Ethnic Origin		
Age		

## Part B - Commenting on the Preferred Options

lf you are co representation		ultiple sections of t	the document you v	vill need to complete a sepa	rate sheet for each
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Map (e.g. P	referred Develop	oment Sites - Who	le District)		
What is the	nature of your r	representation?	Patrolow Review	Support V	Object
			representation of su a separate sheet if	pport. If objecting, please se necessary).	t out what changes
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