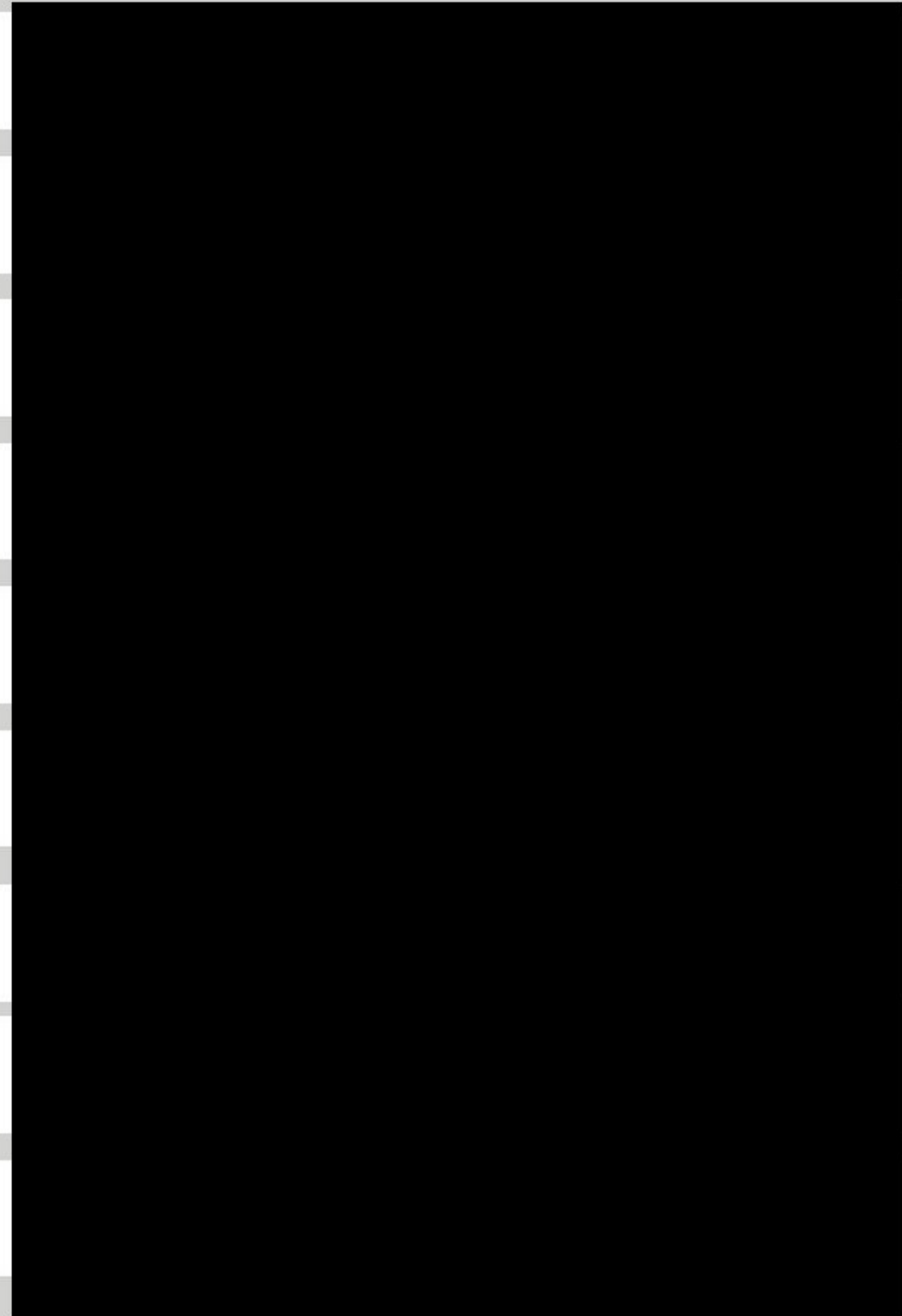




Part A - Personal Details

	1. Personal Details*	2. Agent's Details (if applicable)
	* If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in section 2.	
Title		Mrs
First Name		Miranda
Last Name		Rogers
Job Title (where relevant)		
Organisation (where relevant)		
Address Line 1		
Address Line 2		
Address Line 3		
Address Line 4		
Postcode		
Telephone number		
Email address		

3. Notification of subsequent stages of the Local Plan

Please specify whether you wish to be notified of any of the following:

The submission of the Local Plan for independent examination	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Publication of the recommendations of any person appointed to carry out an independent examination of the Local Plan	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The adoption of the Local Plan.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

For Official Use Only

Person ID:

Rep ID: