



Have your say on Parking Zone D Hackney North Review Questionnaire

Please use BLOCK capitals when completing the questionnaire and tick the boxes that apply to you. Please return this questionnaire by **15 November 2015** in the freepost envelope provided.

Section 1: About You

Q1. Name (optional).....

House / flat number (required).....

Street name (required).....

Postcode (required)

Email address (optional)

Q2. Are you...

A resident at this address

A business at this address

Both at this address

Section 2: Operational hours

Q3. Are you happy with the current operational hours of your zone?

Monday – Saturday 8:30am – 6:30pm? Yes No

If you have answered no to the question above, please provide your comments in the comments box below.

Section 3: Proposed design changes

Q4. This section provides a list of the design proposals for your Parking Zone (PZ). Please refer to the proposed map which shows the location of the changes.

Proposal	Street	Proposed change	Agree?
1	Amhurst Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Anton Street	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Bodney Road	Change the resident permit bays opposite numbers 4-14 to a shared use bay four hour maximum stay.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Bodney Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Clapton Square	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Clarence Road	Change the resident permit bays between Rowhill Road and Goulton Road to shared use bays four hours maximum stay.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Clarence Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Cricketfield Road	Change the resident permit bays to permit bays.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Downs Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Goulton Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Linscott Road	Change the resident permit bays to shared use bays four hours maximum stay.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Proposal	Street	Proposed change	Agree?
12	Queensdown Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Rowhill Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Sigdon Road	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Sladen Place	Change the resident permit bays to permit bays	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Tilia Road	Change resident permit bays to shared use bays four hours maximum stay.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments

Q5. Please provide any other comments or suggestions you may have about the parking design and proposals in your PZ.

Section 4: How was it for you?

Q6. Please tell us your opinion of the consultation pack. Choose one option in each line.

- a) Consultation pack:** Useful Not useful
- b) Information in the leaflet:** Just right Too much Not enough
- c) Questionnaire length:** Just right Too long Too short

Thank you for completing this questionnaire.

Data Protection

Hackney Council will use the information you have provided for the following purpose(s):

No personal information you have given us will be passed on to third parties for commercial purposes. Our policy is that all information will be shared among officers and other agencies where the legal framework allows it, if this will help to improve the service you receive and to develop other services. If you do not wish certain information about you to be exchanged within the Council, you can request that this does not happen.

All information provided will be handled under the Data Protection Act 1998 strict controls.

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

Bengali

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নিচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নিচের ঠিকানায় ফেরত পাঠান।

Somali

Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose.

French

Si vous désirez connaître le contenu de ce document, veuillez cocher la case appropriée et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous.

Spanish

Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la siguiente dirección.

Kurdish

Ger hun dixwazin bizanibin ku ev dokument çi dibêje, ji kerema xwe qutîka minasib îşaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin.

Turkish

Bu dökümanda ne anlatıldığını öğrenmek istiyorsanız, lütfen uygun kutuyu işaretleyerek, adınızı, adresinizi ve telefon numaranızı bu sayfanın alt kısmına yazıp, aşağıdaki adrese gönderin.

Polish

Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przeslij na poniższy adres.

Vietnamese

Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lại theo địa chỉ dưới đây.

Urdu

اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھئے اور اسے نیچے دیئے گئے پتہ پر واپس بھیج دیجئے۔

Chinese

如果你想知道這分文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。

If you would like this document in any of the following formats or in another language not listed above, please complete and send the form to the address below.

In large print

In Braille

On Disk

On audio tape

In another language, please state:

Name:

Address:

Tel:

Return to: Parking Services, FREEPOST RTES-SACS-HLRA,
PO Box 39055, London E8 1WT.