



# Have your say on the future of parking permit prices in Hackney

Last year Hackney Council consulted on its proposals for a new Parking and Enforcement Plan 2021-26 (referred to as the PEP from here) for a period of 13 weeks between August and November. The PEP provides an overview of the Council’s parking policy, recommendations, and direction of kerbside management over the next five years.

Following this consultation and the feedback provided, we are inviting you to have your say over a period of three weeks, from **Thursday 16 June to Wednesday 6 July 2022** on revised proposals for parking permit prices only.

This exercise is limited to feedback about our revised permit prices only and will allow us to consider any feedback we receive on this proposal, before making a final decision. For more information on the revised proposals, please refer to the information booklet enclosed.

## QUESTIONNAIRE

### About you

|  |  |
|--|--|
| Your postcode (required)                 |  |
| Your name (required)                     |  |
| Name of organisation (if business owner) |  |
| Email (required)                         |  |

Would you like to be contacted by Parking Services using your email above about consultations, and other engagement opportunities (your email will only be used for this purpose)? *Please tick one box.*

Yes  No

### I am a (tick all that apply)

|                        |          |                        |                       |  |
|------------------------|----------|------------------------|-----------------------|--|
| Hackney resident       | Commuter | Student in the borough | Worker in the borough | I am a member of a group or organisation     |
| Hackney business owner | Visitor  | Blue Badge holder      | Hackney NHS worker    | Staff of a private medical services provider |
| Other, please specify  |          |                        |                       |  |

Do you live on a Hackney Housing estate (Hackney Council-managed estate)? *(required)*

Yes  No

## Air quality

1. How concerned are you about local air quality in Hackney?

A lot

A little

Not at all

Don't know

## Revised proposals for parking permit prices (see tables 1 to 4 in information booklet)

2. Do you support the parking permits pricing structure for...

Strongly agree

Agree

Neither agree/  
disagree

Disagree

Strongly disagree

Residents\*

Estates\*\*

Businesses\*

Community support permit  
(formerly known as health and social care permit)\*

\*Implemented over a five-year period.

\*\*Implemented over a seven-year period.

3. Please give a reason for your answer.

## EQUALITY MONITORING

### Why do we monitor

To help us continually improve our services. You can help us find out who we're reaching by providing the following details. It is your choice whether you answer these questions. Your replies will not be used in a way that identifies you; however, they will help us to understand how community needs may vary; and helps us make informed decisions on how we develop services and target resources.

|  |  |       |  |       |  |       |  |       |  |
|--|--|-------|--|-------|--|-------|--|-------|--|
| <b>4. Age:</b> What is your age group? |  |       |  |       |  |       |  |       |  |
| Under 16                               |  | 16-17 |  | 18-24 |  | 25-34 |  | 35-44 |  |
| 45-54                                  |  | 55-64 |  | 65-74 |  | 75-84 |  | 85+   |  |

|   |  |   |  |                                       |  |
|---|--|---|--|---------------------------------------|--|
| <b>5. Housing tenure:</b> Which of the following best describes the ownership of your home? |  |   |  |                                       |  |
| Being bought on a mortgage/<br>owned outright   |  | Rented<br>(local Authority/ Council)      |  | Rented<br>(Housing Association/Trust) |  |
| Rented (private)  |  | Shared ownership<br>(part rent/ part buy) |  | Don't know                            |  |

|  |  |    |
|--|--|----|
| <b>6. Caring responsibilities:</b> A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse problems. Do you regularly provide unpaid support caring for someone? |  |    |
| Yes  |  | No |

|  |  |    |
|--|--|----|
| <b>7. Disability:</b> Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Do you consider yourself to have a disability? |  |    |
| Yes  |  | No |

|                                 |  |                        |  |                                 |  |
|---------------------------------|--|------------------------|--|---------------------------------|--|
| <b>8. Ethnicity:</b> Are you... |  |                        |  |                                 |  |
| Asian or Asian British          |  | Black or Black British |  | Other ethnic groups             |  |
| White or White British          |  | Mixed background       |  | Other, please state if you wish |  |

|                              |  |  |  |                   |  |            |  |
|------------------------------|--|--|--|-------------------|--|------------|--|
| <b>9. Gender:</b> Are you... |  |  |  |                   |  |            |  |
| Male                         |  | Female   |  | Prefer not to say |  | Non-binary |  |
| Another term                 |  | If you prefer to use your own term please provide this here: |  |                   |  |            |  |

|  |  |          |  |                |  |
|--|--|----------|--|----------------|--|
| <b>10. Religion or belief:</b> Are you or do you have... |  |          |  |                |  |
| Atheist/no religious belief                              |  | Buddhist |  | Christian      |  |
| Hindu  |  | Jewish   |  | Muslim         |  |
| Sikh   |  | Charedi  |  | Secular belief |  |
| Other, please state if you wish                          |  |          |  |                |  |

|   |  |                      |  |
|---|--|----------------------|--|
| <b>11. Sexual orientation:</b> Are you... |  |                      |  |
| Bisexual                                  |  | Gay man              |  |
| Heterosexual                              |  | Lesbian or gay woman |  |
| Other, please state if you wish           |  |                      |  |

## How we use your data:

Hackney Council is a Data Controller under the General Data Protection Regulation (GDPR). We hold the information given to us for the specific purpose of processing and managing parking consultations only. Under the GDPR any information you provide may be disclosed to other organisations in order for this local authority to perform its duty to protect public funds it administers, and to this end may use the information you have provided for prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

## How to return your questionnaire

- Post:** Complete this questionnaire and return it to us using the envelope enclosed by **Wednesday 6 July 2022.**
- Online:** Visit [consultation.hackney.gov.uk/parking-services/permits](https://consultation.hackney.gov.uk/parking-services/permits) to complete the questionnaire online.
- Call:** Complete this questionnaire and call us on **020 8356 4008**. You can read your responses to a member of the Parking Policy team who will submit them on our online system on your behalf. You will receive a receipt of your response via email or post.



For further information, please email: [parking.policy@hackney.gov.uk](mailto:parking.policy@hackney.gov.uk)

The results and outcome of this feedback will be available to view on the Hackney Council website in Autumn 2022. Please visit [consultation.hackney.gov.uk/parking-services/permits](https://consultation.hackney.gov.uk/parking-services/permits)

## Thank you for completing this questionnaire.

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.

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

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。 (Chinese)

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. (French)

Ger hun dixwazin bizanibin ku ev dokument çî 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. (Kurdish)

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. (Polish)

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. (Somali)

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. (Spanish)

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

(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 لکھیے اور اسے نیچے دیئے گئے پتہ پر واپس بھیج دیجئے۔  
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. (Vietnamese)

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    |  |
|            |  |
| Telephone: |  |

Return to: Please use the envelope provided