

# City Fringe Ultra Low Emission Streets Consultation Questionnaire

Have your say by Friday 14 February 2018

# City Fringe Ultra Low Emission Streets Questionnaire

Please return this questionnaire in the **FREEPOST** envelope provided or complete online by Friday **14 February 2018** at [consultation.hackney.gov.uk](http://consultation.hackney.gov.uk).

Please review all of the information in the consultation document and accompanying diagrams before completing the questionnaire.

## About you:

**Name** (optional): .....

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

**Street name** (required): .....

**Postcode** (required): .....

**Email address** (optional): .....

### 1. Are you a...

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Resident in Hackney   | <input type="checkbox"/> Business in Hackney    | <input type="checkbox"/> Person working in Hackney   |
| <input type="checkbox"/> Resident in Islington | <input type="checkbox"/> Business in Islington  | <input type="checkbox"/> Person working in Islington |
| <input type="checkbox"/> Visitor               | <input type="checkbox"/> Other (please specify) | <input type="text"/>                                 |

### 2. Do you support or oppose the City Fringe Ultra Low Emissions Streets proposals?

- Support       Oppose       Neither

Please provide any comments to support your response.

### 3. Which of the following operating periods do you support (please choose only one)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>7am – 10am<br/>and 4pm – 7pm</b><br>Monday – Friday | <input type="checkbox"/> <b>7am – 7pm</b><br>Monday – Friday | <input type="checkbox"/> <b>24 hours a day</b><br>Monday – Friday |
| <input type="checkbox"/> <b>7am – 10am<br/>and 4pm – 7pm</b><br>Monday – Sunday | <input type="checkbox"/> <b>7am – 7pm</b><br>Monday – Sunday | <input type="checkbox"/> <b>24 hours a day</b><br>Every day       |

Please provide any comments to support your response.

**4. Please refer to the diagrams attached to see the proposed boundaries of the time-restricted travel zones. Do you support the proposed boundaries of the zones?**

Support

Oppose

Neither

Please provide any comments to support your response.

**5. The proposed travel zones would allow access for Ultra Low Emission Vehicles and permit holders. Would you support a further tightening of the travel restrictions (e.g. making access for Zero Emission Vehicles only)?**

Support

Oppose

Neither

Please provide any comments to support your response.

## How we use your feedback

Due to the high volume of consultation form returns expected, it may not be possible to provide an individual reply to all responses received, however we will consider your comments together with road safety research and statistics to help us make a decision about the proposals.

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 নথির কি ভেদে তাহলে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্যে টিক দিন, এই পত্রের নীচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নীচের 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 çî dibêje. ji kerema xwe qutika minasib îşaret bikin. nav, navnîşan û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin.

**Turkish**

Bu dokümanda 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 براہ کرم مناسب باکس میں صحیح کا نشان لگاتے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھنے اور اسے نیچے دئے گئے پتے پر واپس بھیج دیجئے۔

**Chinese**

如果你想知道這份文件的詳細內容，請在方格內打鉤，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**

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**On Disk**

**On audio tape**

**In another language, please state:**

Name

Address

Tel

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