

Simplified Planning Zone Scheme Deposit consultation- Feedback Form

Please return to Planning Policy by email to [planning.policy@slough.gov.uk](mailto:planning.policy@slough.gov.uk) or by post to Planning Policy, Slough Borough Council, Planning Department, 25 Windsor Road, Slough, SL1 2EL by **23:59 on 19th August 2024**.

# Your details

If you are responding as an agent, please also provide your details and the details of who you represent in the appropriate columns.

For your feedback to be formally registered as a representation, comments must be attributed to/have a name and postal address.

|  |  |  |
| --- | --- | --- |
|  | **Respondent details** | **Agent detail (where applicable)** |
| Title |  |  |
| First Name |  |  |
| Last Name |  |  |
| Job title  (where applicable) |  |  |
| Organisation (where applicable) |  |  |
| Address line 1 |  |  |
| Address line 2 |  |  |
| Town |  |  |
| Post code |  |  |
| Email |  |  |

Would you like to be notified of the adoption of Slough Simplified Planning Zone Scheme?

*(please select one answer)*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Your Representation**

Against which part of the Simplified Planning Zone does your representation relate?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Document** |  | **Paragraph** |  | **Plan** |  |
| **Appendix** |  | **Evidence Base** |  |

Is your representation (*please select one answer only*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supporting** |  | **Objecting** |  | **Commenting** |  |

# Please give details of your representation below:

Should the Council decide that there is a need for a local inquiry or hearing, would you like to participate? *(please select one answer)*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Signature: Date: