

Thruxton Neighbourhood Plan

Regulation 16 Consultation Response Form

Please return your completed response form to Test Valley Borough Council via either:

- E-mail: Neighbourhoodplanning@testvalley.gov.uk or
- Post: Planning Policy, Beech Hurst, Weyhill Road, Andover, SP10 3AJ.

The consultation ends at Noon on Friday 6 September 2019.

Please review the Data Protection section, and sign and date at the end of this response form.

Guidance Note:

This response form has two parts:

Part A – Contact Details and Future Notification

Please provide your personal contact details. If an agent is appointed to represent you, then they would need to provide their full contact details in addition to your Title, Name and Organisation (if applicable). This information is required to enable the Independent Examiner to contact you for further information if required during the examination of the Neighbourhood Plan.

Consultees can request to be notified once Test Valley Borough Council has decided to 'make' the Thruxton Neighbourhood Plan, following the Independent Examination and referendum. This decision is the final statutory stage in adopting a Neighbourhood Plan. Please indicate whether or not you wish to be notified.

Part B – Your representation(s)

If you are responding using this form, please use a separate Part B form for each different part of the Plan that you respond to (for example, one form per document or per policy).

Please use the table to set out which document and which part of that document your comments relate to. If your comment is on a specific element please set this out in the table. Your comments should then be written in the box – please state if you have included any attachments as part of your comments.

Part A - Contact Details and Future Notification

Contact Details

	1. Personal Details (or Client	2. Agent's Details (if
	Details if applicable)**	applicable)
Title*		
First name*		
Last name*		
Job title		
(where relevant)		
Organisation		
(where relevant)		
Address*		
Postcode*		
Telephone		
Number		
Email Address		
*Dlagge mater than a		
"Please note: these	sections must be completed.	
**If an agent is appo	pinted, please provide the client's	Title, Name and Organisation.
- Al (161 (1		
Future Notification		
•	otified of Test Valley Borough Corhood Plan? (please tick):	ouncil's decision to 'make' the
	Yes:	No:

Part B - Representation

Please use a separate Part B form for each document/paragraph/policy that you are making representations about.

To which document does this representation relate?		
(please tick only one document per Response Form an	d indica	te the section / policy number /
paragraph number to which your comments relate to)		
Consultation Document	Tick	Section/ Policy/ Paragraph
Thruxton Neighbourhood Plan		
Basic Conditions Statement		
Consultation Statement		
Designated Area Map		
Please write your comments in this box: (Continue on n	evt nage	and attach an additional nage
at the back of your response if required)	chi page	and allaon an additional page

<u>Data Protection</u>	
Data Protection: The comments you submit Neighbourhood Plan process and will be held Plan. Please note that your comments will not made available for public inspection. However, public and will not be passed to external particle permission. For further information on how we http://www.testvalley.gov.uk/gdpr	for the lifetime of the Neighbourhood ot be treated as confidential and will be er, contact details will not be made es, apart from the Examiner, without
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If you require any assistance in completing this form or require further information, please contact the Neighbourhood Planning team.