

# BROOK GARDENS, BARNES - CPZ QUESTIONNAIRE



**PLEASE READ THE EXPLANATORY DOCUMENT BEFORE COMPLETING THIS QUESTIONNAIRE. TICK ✓ APPROPRIATE BOXES, PRINT CLEARLY IN INK AND USE THE PRE-PAID ENVELOPE.**

Replies cannot be accepted without a valid name and address completed in question 2. Only one person per household / business may reply.

**1. Would you like your road to be included in the Barnes CPZ (current zone CB2, proposed zone B1) operating 10am to Noon, Monday to Friday?**

- Yes
- No
- Undecided

**TICK ONE BOX ONLY**

## 2. Your Details

Are you?

- A resident
- A business
- Both

Name:.....

Address:.....

How many vehicles are owned or used by members of your household / business?

Do you have off-street parking (e.g. driveway, garage) at your address that is in current use for the parking of your vehicle(s)?

- Yes
- No

How many vehicles can be accommodated by parking off street at your address?

.....

**3. Do you have any other issues that you would like to raise?**

Please continue on a separate sheet if necessary.

**Please turn over**

If you are a resident we would be grateful if you could tell us a bit more about yourself to ensure we have representative feedback. The information, which will be used in a statistical format only, will help us to assess diverse needs and ensure all have access to our services.

**Sex**

Male  Female

**Age**

(16-25) (26-35) (36-45) (46-55) (56-65) (66-75) (76+)

**Ethnic group**

**White**

British   
 Irish   
 Any other White background  
 (PLEASE WRITE IN).....  
 .....

**Black or Black British**

Caribbean.....   
 African.....   
 any other Black background  
 (PLEASE WRITE IN).....   
 .....

**Mixed**

White & Black Caribbean.....   
 White & Black African.....   
 White & Asian.....   
 Any other mixed background  
 (PLEASE WRITE IN).....   
 .....

**Asian or Asian British**

Indian.....   
 Pakistani.....   
 Bangladeshi.....   
 Any other Asian background.....   
 (PLEASE WRITE IN).....  
 .....

Other ethnic group (PLEASE  
 WRITE IN).....   
 .....

**Disabilities**

None  Mobility Problems  Visual Impairment  Hearing Loss  Other (PLEASE WRITE IN).....

The information you provide will be treated confidentially and will be used solely by the London Borough of Richmond upon Thames. It will be presented by street in an anonymous form and available for public scrutiny. We want all residents/businesses to complete this survey even if you do not own/keep a vehicle. Thank you for taking the time to complete this questionnaire. **Please return in the FREEPOST envelope by Monday 22 December 2008.**