

SECOND STAGE ST MARGARETS CPZ QUESTIONNAIRE

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

Replies cannot be accepted without a valid name and address completed at the end of this questionnaire. Only one person per household / business may reply.

1. Would you like your road to be included in the St Margarets South Controlled Parking Zone (zone S) operating between 10am and 4.30pm on Monday to Friday?

TICK ONE BOX ONLY

- Yes
 No
 Undecided

**IF yes GO STRAIGHT TO QUESTION 3
IF no or undecided PLEASE GO TO QUESTION 2.**

2. If the adjacent roads have a CPZ introduced would you then want your road to be included?

TICK ONE BOX ONLY

- Yes
 No
 Undecided

3. Your Details

Are you?
 A resident
 A business
 Both

Name:.....

Address:.....

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

3. Your Details (cont'd)

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?

.....

4. Do you have any other issues that you would like to raise including comments on the proposed layout of yellow lines and parking areas?

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 Friday 23 May 2008.**