

**Sheen Lane Centre Improvement Scheme  
Comments Sheet**

Title            Mr  Mrs  Miss  Ms  Dr  Other .....

Name: .....

Position: .....

Company: .....

Address.....

.....

Do you broadly agree with the scheme to improve Sheen Lane Centre as described in the attached letter/plan or do you think there should be any changes?

- Yes. I broadly agree with the scheme**
- No. I think there should be some changes to the scheme**

If **No**, please state what aspect you think should be changed with and why.

If you have any other comments please state below. Please use the back of this sheet if necessary.

**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.**

Sex             Male             Female

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

                                                                      

Ethnic group

White/ White British	Black/ Black British	Asian/ Asian British	Other Ethnic group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disabilities

None	Mobility Problems	Visual Impairment	Hearing Loss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing the comments sheet. Please submit to the Sheen Lane Library **before Wednesday 12 September 5pm.**

**Continued from overleaf**

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