

MORTLAKE CPZ QUESTIONNAIRE

PLEASE READ THE EXPLANATORY LEAFLET 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 to be completed at the end of this questionnaire. Only one person per household/business may reply.

Question 1. Would you like to see your road included in the proposed CPZ?

- Tick one box only
- Yes
- No
- No preference

IF YOU ANSWERED NO OR NO PREFERENCE, PLEASE GO TO QUESTION 2

IF YOU ANSWERED YES, PLEASE GO TO QUESTION 3.

Question 2. If the majority of respondents support a CPZ in your area, would you then want your road to be included?

- Tick one box only
- Yes
- No
- No preference

Question 3. If there is a majority of support and the CPZ is implemented, which of the following hours of control would you prefer?

Tick one box only

	9am-11am	11am-1pm
Mon-Fri		

4. Are you in favour of a car club car being available near you?

- Tick one box only
- Yes
- No
- No preference

5. DO YOU HAVE ANY FURTHER COMMENTS? Please continue overleaf if necessary.

6. Your Details

- Are you? A resident
 A business
 Both

Name:.....

Address:.....

Postcode:.....

Do you own or keep a vehicle at your residence?

- Yes No

If yes, how many are kept and used at your residence by you and any other occupants?

.....

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/
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"/> |

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 29 June 2007.