Southfield Gardens Controlled Parking Zone Review Consultation

Questionnaire

Please read through the consultation material before completing the survey.

Confidentiality
All the information you provide will be treated in strict confidence, will not be used to identify you personally and will only be used for the purposes of this consultation. The analysis is done on an anonymous basis under the guidelines of the Data Protection Act. Anonymised data may be published, including publishing comments on the Council’s website.

Please answer all questions in Sections A and B, so that all your views and preferences can be considered.

Section A: Your Details

1. Please give us your address and post code
   (Required so that we can validate your response)

   House/Flat number or name: ____________________________
   Road name: ____________________________
   Postcode: ____________________________

2. In what capacity are you responding to this consultation?
   (Please tick all that apply)

   [ ] A resident
   [ ] A landlord
   [ ] A business owner
   [ ] Other, please state: ...........................................................

3. How many vehicles do you have in your household / on your business premises?
   Please tick only one answer

<table>
<thead>
<tr>
<th>None</th>
<th>One</th>
<th>Two</th>
<th>Three or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

4. Do you have off-street parking (e.g. driveway) at your address?
   Please tick only one answer

   [ ] Yes
   [ ] No
### Section B: Your Views

5. **Would you prefer to retain the existing operational days/hours or to change them?**

   (Existing days/hours are Monday to Friday, 10.30am to 2.30pm) (tick one only)

<table>
<thead>
<tr>
<th>Retain existing days / hours</th>
<th>Change days / hours</th>
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<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

6. **Please give the reason(s) for your answer to the previous question?**

   *(Please tick all that apply)*

<table>
<thead>
<tr>
<th>Reason</th>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm unable to park near my home when the CPZ does not operate</td>
<td>I am happy with the CPZ's current operational days/hours</td>
</tr>
<tr>
<td>Increasing the CPZ days will improve parking and cost me no more for a permit</td>
<td>I don't want to pay more for my visitors</td>
</tr>
<tr>
<td>I don't mind paying more for a permit if it means I can park more easily</td>
<td>I don't want to pay more for a parking permit</td>
</tr>
<tr>
<td>Need to deter non-residents parking out of hours</td>
<td>I don't have a car</td>
</tr>
<tr>
<td>I am concerned parking will become worse in the future</td>
<td>A nearby CPZ has resulted in more cars parking in my area</td>
</tr>
<tr>
<td>I have to park too far from home</td>
<td>I want the CPZ removed</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

7. **What days do you think the CPZ should operate?**

   *(Please tick only one answer)*

<table>
<thead>
<tr>
<th>Day</th>
<th>[ ]</th>
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</thead>
<tbody>
<tr>
<td>Monday to Friday (Existing)</td>
<td></td>
</tr>
<tr>
<td>Monday to Saturday</td>
<td></td>
</tr>
<tr>
<td>Monday to Sunday</td>
<td></td>
</tr>
</tbody>
</table>
8. **What hours do you think the CPZ should operate?**  
*Please tick only one answer*

- [ ] 10am to Noon
- [ ] 10.30am to 2.30pm (Existing)
- [ ] 10am to 4.30pm
- [ ] 8.30am to 6.30pm
- [ ] 8am to 10pm

9. **Which, if any, of the following are issues in your road?**  
*(Please tick all that apply)*

| [ ] | New developments in the area affect parking | [ ] | School pick up/drop off creates parking problems |
| [ ] | Multiple vehicle ownership takes up parking spaces | [ ] | Inconsiderate parking is a problem |
| [ ] | Dropped kerbs in my road limit parking spaces | [ ] | Not allowing dropped kerbs contributes to parking problems |
| [ ] | Speeding/rat running | [ ] | Motorcycles occupy too much space |
| [ ] | Commercial vehicles park in my area | [ ] | More dedicated motorcycle bays are required |
| [ ] | Emergency service and refuse vehicles can’t access the road | [ ] | Poor air quality |
| [ ] | Traffic congestion | [ ] | Other (Please specify below) |

10. **Which of the following measures would you wish to see included in the design of the scheme?** Tick all that apply *

<table>
<thead>
<tr>
<th>Car club bay(s)</th>
<th>Electric charging points</th>
<th>Motorcycle bay(s) with ground anchors</th>
<th>Cycle hangar(s)</th>
<th>None of these measures</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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</tbody>
</table>

* This is an attempt to gauge demand for a wider range of road amenities that encourage modal shift and contribute to improved air quality. Some of these measures may require subsequent consultation/processes to implement. The Council reserves the right to determine whether the inclusion of these additional services is appropriate, regardless of the expressed interest. More information on cycling in the borough can be obtained by visiting: [https://www.richmond.gov.uk/services/roads_and_transport/cycling](https://www.richmond.gov.uk/services/roads_and_transport/cycling)
Section C: About You

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

11. Are you?
   - Male [ ]
   - Female [ ]
   - Prefer not to say [ ]
   - Prefer to self-describe [ ]

12. What was your age last birthday?
   - 19 and under [ ]
   - 20-24 [ ]
   - 25-34 [ ]
   - 35-44 [ ]
   - 45-54 [ ]
   - 55-64 [ ]
   - 65-74 [ ]
   - 75+ [ ]
   - Prefer not to say [ ]

13. Do you consider yourself to have a disability?
   - Yes [ ]
   - No [ ]
   - Prefer not to say [ ]

14. How would you describe your ethnic group?
   - White [ ]
   - Mixed/multiple ethnic groups [ ]
   - Asian or Asian British [ ]
   - Black/African/Caribbean/Black British [ ]
   - Prefer not to say [ ]
   - Any other ethnic background (Please state below) [ ]

Thank you for taking the time to respond to this consultation.