

Proposed Strawberry Hill CPZ Parking Consultation

Welcome to the Strawberry Hill CPZ parking consultation

Purpose of the consultation

The Council is proposing to introduce a new Community Parking Zone (CPZ), the Strawberry Hill CPZ (Zone SH), in the two areas (Area 1 and Area 2) shaded in purple on the enclosed map.

This consultation is seeking your feedback on this proposal – specifically whether you are in favour of the proposed CPZ in your area and, if implemented, what its operational hours/days should be.

Details of the parking charges are provided in the accompanying letter.

Your views are important to us and we invite you to submit your comments by completing and returning this questionnaire using the prepaid envelope provided, or completing and submitting the online survey, by typing the following link into your browser, (not search engine) by **Monday 19 March 2018**:

http://www.richmond.gov.uk/sh_inside_parking_consultation

For further information, please call 020 8891 1411 or visit

http://www.richmond.gov.uk/strawberry_hill_parking_study

Please read through the consultation material before completing the survey.

Confidentiality

All the information you provide will be treated in strict confidence and will not be used to identify you personally. The analysis will be carried out on an anonymous basis under the guidelines of the Data Protection Act. Information will not be passed on to anyone else and will only be used for the purposes of this consultation. Anonymised comments may be published on the Council website.

Section A: Your Address (Compulsory question – please answer fully)

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

Address	Post Code

Section B: Your Views

2. To what extent do you agree or disagree that the proposed Strawberry Hill Community Parking Zone (CPZ) should be implemented in your area? (tick one only)

<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree/Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
[]	[]	[]	[]	[]

3. Please give the reason for your answer to question 2 (tick all that apply)

Non-residents (commuters, long stay and/or short stay visitors) park in this area resulting in parking problems and congestion.	<input type="checkbox"/>	There is no parking problem in my road.	<input type="checkbox"/>
I am currently unable to park near my home.	<input type="checkbox"/>	Residents should not have to pay to park outside or near their home.	<input type="checkbox"/>
Other reason (maximum 20 words):			

4. If the Strawberry Hill CPZ were to be implemented, on which days should it operate? (tick one only)

Mon-Fri	Mon-Sat
<input type="checkbox"/>	<input type="checkbox"/>

5. If the Strawberry Hill CPZ were to be implemented, which hours should it operate? (tick one only)

10am to noon	10am to 2pm	10am to 4.30pm	8.30am to 6.30pm	Other (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Do you have any other comments you would like to make on parking management, or on roads or traffic more generally in this area? Please state here (max. 50 words)

Section C: About You

The Council will use the information below to develop services that meet the needs of all the community. Please say as much as you wish but do not feel obliged to answer every question.

7. Are you (tick all that apply)

- | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| A resident | <input type="checkbox"/> | A business owner | <input type="checkbox"/> |
| Studying in the borough | <input type="checkbox"/> | Community / voluntary organisation | <input type="checkbox"/> |
| Other, please state | <input type="checkbox"/> | | |

8. Are you?

- | | |
|-------------------|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

9. Do you consider yourself to have a disability?

- | | |
|-------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

10. What was your age last birthday?

- | | | | |
|-------------------|--------------------------|-------|--------------------------|
| Under 18 | <input type="checkbox"/> | 45-54 | <input type="checkbox"/> |
| 18-24 | <input type="checkbox"/> | 55-64 | <input type="checkbox"/> |
| 25-34 | <input type="checkbox"/> | 65-74 | <input type="checkbox"/> |
| 35-44 | <input type="checkbox"/> | 75+ | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |

11. How would you describe your ethnic group?

- | | |
|---------------------------------------|--------------------------|
| White | <input type="checkbox"/> |
| Mixed/multiple ethnic groups | <input type="checkbox"/> |
| Asian or Asian British | <input type="checkbox"/> |
| Black/African/Caribbean/Black British | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |
| Other ethnic group, please specify: | <input type="checkbox"/> |

Thank you for taking part in the survey.