Whitton Station Parking Consultation

Purpose of the consultation

The Council is undertaking a consultation in the area within the blue boundary on the enclosed map as part of a review of parking in the locality.

We are seeking feedback from residents and businesses in this area on whether they would wish to see a Controlled Parking Zone (CPZ) implemented and, if so, what days and hours it should operate.

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 at the following address by **Monday 15 October 2018**: https://haveyoursay.citizenspace.com/richmondecs/bc103ccb

For further information, please call 020 8891 1411 or visit https://www.richmond.gov.uk/whitton_station_parking_studywww.richmond.gov.uk/controlled parking zones.

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			
Section B: Your Views			
Section B. Tour views	Section R.	Vour Vious	
	Section b.	Tour views	

2. To what extent do you agree or disagree that a Controlled Parking Zone (CPZ) should be implemented in your area? (tick one only)

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

and/or short s	lon-residents (commuters, long stay and/or short stay visitors) park in this area esulting in parking problems and ongestion.			Ther	e is no l	parking pro	blem in	my road.]
	unable to park	near my	[]	Residents should not have to pay to park outside or near their home.			[
Other reason	(maximum 20 w	vords):	I	ı					
If a CPZ were (tick one only)	implemented,	, what <u>hours</u>	shou	uld it o	operate	e?			
10am to 2pm	10am to 4.30pm	⊢ x xuar	m-6.30)pm	8am	-10pm	С	ther Hours	
[]	[]		[]		Ī]		[]	
Please specif	y other hours:					·			
[]			[]	[]					
	implemented, e design of the						d you v	vish to see	•
Car club bay (s)	Electric charging points	Motorcycle bays(s) wit ground anchors		Cyc hanga		None o these measure	-	Other (pleas state below	
[]	[]	[]		[]	[]		[]	
shift and cont consultation/p inclusion of th information of https://www.	attempt to gaugribute to improve sees to improve additional sees additional se	ed air quality plement. The services is ap borough can uk/services/	v. Son e Cour ppropr be ob vroads	ne of t ncil re- iate, re- tained s_and	these maserves of the serves o	the right to ss of the e ting:	nay requ o determ expresse	ire subsequine whethe	uen r the Mo
day CPZ (Zor Stadium?	e R) to operat	e in your ro	ad du	ıring t	he maj	or events	held a	t Twickenh	nam
	Yes						No		

[]

[]

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

8.	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)								
9.			nsultation, is th		e have not con	sidered that may	have a		
			Yes			No			
			[]			[]			
		About You							
						eet the needs of to answer every			
10.	•	(tick all that	t apply)						
	A resid			[]	A business		[]		
	Studyi	ng in the bo	orough	[]	organisatio	/ / voluntary n	l J		
	Other,	please stat	e	[]					
11.	11. How many vehicles are owned or used by members of your household / business / organisation?								
	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	Five or more	<u>)</u>		
	[]	[]	[]	[]	[]	[]			
12.			eet parking (e.g of your vehicle(age) at your ac	ldress that is in c	urrent		
	Yes	[]							
	No	[]							

13.	3. How many vehicles can be accommodated by parking off-street at your a						
	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	Five or more	
	[]	[]	[]	[]	[]	[]	
14.	Are you	u?					
	Male		[]				
	Fema	le	[]				
	Prefe	r not to say	[]				
15.	What v	vas your age	last birthday?				
	19 an	d under	[]	45-54	[]	
	20-24]]	55-64	[]	
	25-34]]	65-74	[]	
	35-44]]	75+	[]	
	Prefe	r not to say	[]			
16.	Do you	ı consider you	urself to have a	a disability?			
	Yes		[]			
	No]]			
	Prefei	r not to say]]			
17.	How w	ould you des	cribe your ethn	ic group?			
	White	:				[]	
	Mixed	l/multiple ethni	c groups			[]	
	Asian	or Asian Britis	h			[]	
	Black/African/Caribbean/Black E			h		[]	
	Prefe	r not to say				[]	
	Any o	ther ethnic bad	kground, please	e specify:		[]	

Thank you for taking part in the survey.