Whitton Road Area 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. If a CPZ were to be implemented in this area, this would be in addition to the existing Twickenham Event Day CPZ (Zone R) which is in operation when there is a major event on at Twickenham Stadium.

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/7432bb8f

For further information, please call 020 8891 1411 or visit https://www.richmond.gov.uk/whitton_road_parking_review www.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.

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

Address	Post Code

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Section	О.	roui	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>	<u>Disagree</u>	<u>Strongly</u>
		Agree/Disagree		<u>Disagree</u>
[]	[]	[]	[]	[]

3. Please give the reason for your answer to question 2 (tick all t

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

4. If a CPZ were implemented, what <u>hours</u> should it operate? (tick one only)

10am to 2pm	10am to 4.30pm	8.30am-6.30pm	8am-10pm	Other Hours
[]	[]	[]	[]	[]
Please specify of	other hours:			

5. If a CPZ were implemented, what <u>days</u> should it operate? (tick one only)

Mon-Fri	Mon-Sat	Mon-Sun
[]	[]	[]

6. If a CPZ were implemented, which of the following measures would you wish to see included in the design of the scheme? (tick all that apply) *

Car club bay (s)	Electric charging points	Motorcycle bays(s) with ground anchors	Cycle hangars(s)	None of these measures	Other (please state below)
[]	[]	[]	[]	[]	[]
Other:					

^{*} Q6: 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

7.				you would like t is area? Please		king managemer ax. 50 words)	nt, or on
8.			nsultation, is th		e have not cons	sidered that may	have a
			Yes			No	
			[] by using this spa			[]	
		About You will use the	information be	low to develop s	services that m	eet the needs of	all the
						o answer every	
9.		(tick all that	apply)				
	A resi			[]	A business		[]
	Study	ing in the bo	rough	[]	Community organisation		[]
	Other	, please state	Э	[]	3		
10.	How ma	•	are owned or ι	ised by membe	rs of your hous	sehold / business	/
	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	Five or more	
	[]	[]	[]	[]	[]	[]	
11.			eet parking (e.g of your vehicle(age) at your ad	dress that is in c	urrent

	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>Fiv</u>	e or more
	[]	[]	[]	[]	[]		[]
13.	Are you	ı?					
	Male		[]				
	Femal	e	[]				
	Prefer	not to say	[]				
14.	What w	as your age	last birthday?				
	19 and	d under	[]		45-54		[]
	20-24	a dildoi	[]		55-64		[]
			[]		65-74		[]
	25-34						
	25-34 35-44		[]		75+		[]
	35-44	not to say	[]		75+		[]
15.	35-44 Prefer Do you		urself to have a	disability?	75+		[]
15.	35-44 Prefer Do you Yes		urself to have a	disability?	75+		[]
15.	35-44 Prefer Do you Yes No		urself to have a	disability?	75+		[]
	35-44 Prefer Do you Yes No Prefer	consider you	urself to have a	disability?	75+		[]
	35-44 Prefer Do you Yes No Prefer	consider you	urself to have a	disability?	75+	[]	[]
	35-44 Prefer Do you Yes No Prefer How wo	consider you	urself to have a decire	disability?	75+		[]
	35-44 Prefer Do you Yes No Prefer How wo White Mixed	not to say	urself to have a control of the cont	disability?	75+		[]
	35-44 Prefer Do you Yes No Prefer How wo White Mixed Asian	not to say ould you des /multiple ethni	urself to have a control of the cont	disability?	75+		[]
	35-44 Prefer Do you Yes No Prefer How wo White Mixed Asian Black/	not to say ould you des /multiple ethni	urself to have a control of the cont	disability?	75+		[]

Thank you for taking part in the survey.