

## Second Cross Road Area Parking Consultation (2)

### Purpose of the consultation

We are seeking feedback from residents and businesses in this area on the revised CPZ designs and on various zonal options.

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 **Friday 15 November 2019**:

<https://haveyoursay.citizenspace.com/richmondccs/secondcross19>

For further information, please call 020 8891 1411 or visit

[https://www.richmond.gov.uk/second\\_cross\\_road\\_parking\\_consultation](https://www.richmond.gov.uk/second_cross_road_parking_consultation)

[www.richmond.gov.uk/controlled\\_parking\\_zones](http://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.

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

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:.....

#### Section B: Your Views

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

<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree/Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If a CPZ were implemented, which of the following arrangements would you prefer? (tick one only)

1	2	3	4	5	
Buffer zone	Original arrangements	Preliminary design stage arrangements	Join new CPZ	Other	No CPZ
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

5. If you answered 'Other' to the previous question, please tell us which zone you feel should operate in your road:

SH	WT	Z5	New Zone Elmsleigh-Fifth Cross Rd-Manor Road
[ ]	[ ]	[ ]	[ ]

**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.

6. Are you?

Male	[ ]
Female	[ ]
Prefer not to say	[ ]
Prefer to self-describe	[ ]

7. What was your age last birthday?

19 and under	[ ]	45-54	[ ]
20-24	[ ]	55-64	[ ]
25-34	[ ]	65-74	[ ]
35-44	[ ]	75+	[ ]
Prefer not to say	[ ]		

8. Do you consider yourself to have a disability?

Yes	[ ]
No	[ ]
Prefer not to say	[ ]

9. 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 specify: [ ]

Thank you for taking part in the survey.