Teddington Controlled Parking Zone Review Consultation (Christchurch Avenue and Nos 3-9 Station Rd)

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 preference can be considered.					
Section A: Your Details					
Please give us your add (Required so that we can	•				
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 					
None	One	Two	Three or more		
[]	[]	[]	[]		
4. Do you have off-street per Please tick only one answer [] Yes [] No		iveway) at your add	ress?		

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Se	ection B: Your Views						
5. Would you prefer to retain the existing operational days/hours of the CPZ in Christchurch Avenue and outside Nos 3-9 Station Rd (Zone T) or change them? (Existing days/hours are 8.30am to 10pm, Monday to Saturday (excluding bank holidays). (tick one only)							
	Retain existing days / hours	Change days / hours					
	[]	[]					
6.	6. Please give the reason(s) for your answer to the previous question? (Please tick all that apply)						
[l am happy with the CPZ's current days/hours of operation	[] Current days/hours are excessive					
[] I want the CPZ removed	[] My parking permit will cost less					
[] Other reason (Please specify below)					
7.	What days do you think the CPZ sho Please tick only one answer [] Monday to Friday [] Monday to Saturday (Existing) [] Monday to Sunday	uld operate?					
8.	What hours do you think the CPZ shaplease tick only one answer [] 10am to Noon [] 10am to 2pm [] 10am to 4.30pm [] 8.30am to 6.30pm [] 8.30am to 10pm (Existing)	ould operate?					
9.		Sun can also operate on Bank Holidays. Would enue and outside Nos 3-9 Station Rd to operate					

[] Don't know

10. 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)

11. 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 bay(s) with ground anchors	Cycle hangar(s)	None of these measures	<u>Other</u>
[]	[]	[]	[]	[]	[]

^{*} 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

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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.

	earch purposes only and wil inswer, please move on to t			estions you
12.	Are you?			
	Male	[]		
	Female	[]		
	Prefer not to say	[]		
	Prefer to self-describe	[]		
13.	What was your age last bir	thday?		
	19 and under	[]	45-54	[
	20-24	[]	55-64]
	25-34	[]	65-74	[
	35-44	[]	75+	[
	Prefer not to say	[]		
14.	Do you consider yourself to	have a disabilit	y?	
	Yes	[]		
	No	[]		
	Prefer not to say	[]		
15.	How would you describe yo	our ethnic group	?	
	White]]
	Mixed/multiple ethnic groups]]
	Asian or Asian British]]
	Black/African/Caribbean/Black]]	
	Prefer not to say]]	
	Any other ethnic background	(Please state belo	ow) []

]
]

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