Elleray Road Controlled Parking Zone Review Consultation

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 preferences can be considered.

Section A: Your Details

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:....
- 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 parking (e.g. driveway) at your address? Please tick only one answer

[] Yes

[] No

5. Would you prefer to retain the existing operational days/hours of the Elleray Road CPZ (Zone Z1) or change them? (Existing days/hours are 8.30am to 10pm, Monday to Sunday (including bank holidays). (tick one only)

Retain existing days / hours	Change days / hours
[]	[]

6. Please give the reason(s) for your answer to the previous question? (Please tick all that apply)

[]	I 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 should operate?

Please tick only one answer

- [] Monday to Friday
- [] Monday to Saturday
- [] Monday to Sunday (Existing)
- 8. What <u>hours</u> do you think the CPZ should operate? Please tick only one answer
 - [] 10am to Noon
 - [] 10am to 2pm
 - [] 10am to 4.30pm
 - [] 8.30am to 6.30pm
 - [] 8.30am to 10pm (Existing)

9. The CPZ currently operates on bank holidays in Elleray Road. Would you like to retain or remove this?

Please tick only one answer

- [] Retain
- [] Remove
- [] 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

Section C: About You

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.

12. Are you?

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

13. 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	[]		

14. Do you consider yourself to have a disability?

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

15. 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 state below)	[]

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