

Whitton South Controlled Parking Zone (CPZ) Review

Questionnaire

**Please read through the consultation material before completing the survey.
Only one response per household / business address is required.**

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 section 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have off-street parking (e.g. driveway) at your address?
Please tick only one answer

- Yes
- No

Section B: Your Views

5. Would you prefer to retain the CPZ's existing operational days or change them?

Please tick only one answer

Retain existing days	Change days
[]	[]

6. What days do you think the CPZ controls should operate?

Please tick only one answer

- Monday to Friday (Existing in Zone WS)
- Monday to Saturday
- Monday to Sunday

7. Would you prefer to retain the CPZ's existing operational hours or change them?

Please tick only one answer

Retain existing hours	Change hours
[]	[]

8. What hours do you think the CPZ should operate?

Please tick only one answer

- 10am to Noon
- 10am to 2pm (Existing in Zone WS)
- 10am to 4.30pm
- 8.30am to 6.30pm
- 8am to 10pm

9. Please give the reason(s) for your answers to the previous questions?
(Please tick all that apply)

<input type="checkbox"/> I'm unable to park near my home when the CPZ does not operate	<input type="checkbox"/> I am happy with the CPZ's current operational hours/days
<input type="checkbox"/> Increasing the CPZ hours/days will improve parking and cost me no more for a permit	<input type="checkbox"/> I don't want to pay more for my visitors
<input type="checkbox"/> I don't mind paying more for a permit if it means I can park more easily	<input type="checkbox"/> I don't want to pay more for a parking permit
<input type="checkbox"/> Need to deter non-residents parking when the CPZ does not operate	<input type="checkbox"/> I don't have a car
<input type="checkbox"/> I am concerned parking will become worse in the future	<input type="checkbox"/> I want the CPZ removed
<input type="checkbox"/> Other (Please specify below)	

10. Which, if any, of the following are issues in your road?

(Please tick all that apply)

<input type="checkbox"/> New developments in the area affect parking	<input type="checkbox"/> School pick up/drop off creates parking problems
<input type="checkbox"/> Multiple vehicle ownership takes up parking spaces	<input type="checkbox"/> Inconsiderate parking is a problem
<input type="checkbox"/> Dropped kerbs in my road limit parking spaces	<input type="checkbox"/> Not allowing dropped kerbs contributes to parking problems
<input type="checkbox"/> Speeding/rat running	<input type="checkbox"/> Motorcycles occupy too much space
<input type="checkbox"/> Commercial vehicles park in my area	<input type="checkbox"/> More dedicated motorcycle bays are required
<input type="checkbox"/> Emergency service and refuse vehicles can't access the road	<input type="checkbox"/> Poor air quality
<input type="checkbox"/> Traffic congestion	<input type="checkbox"/> None of these/There are no issues
<input type="checkbox"/> Other (Please specify below)	

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.

11. Are you?

Please tick only one answer

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

12. What was your age last birthday?

Please tick only one answer

- | | |
|--|--------------------------------|
| 19 and under <input type="checkbox"/> | 45-54 <input type="checkbox"/> |
| 20-24 <input type="checkbox"/> | 55-64 <input type="checkbox"/> |
| 25-34 <input type="checkbox"/> | 65-74 <input type="checkbox"/> |
| 35-44 <input type="checkbox"/> | 75+ <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | |

13. Do you consider yourself to have a disability?

Please tick only one answer

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

14. How would you describe your ethnic group?

Please tick only one answer

- | | |
|--|-----|
| 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.