

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PART A - About You

1. Please complete the following: Please note the email address (if provided below) will be sent a full copy of the submitted response and a unique ID number for future reference (pdf attachment).

Name of person completing the form: Tracy Dowse

Email address: [REDACTED]

2. What type of respondent are you? Please select all that apply.

A local resident who lives in Warrington

3. Please complete the following:

	Contact details
Organisation name (if applicable)	[REDACTED]
Agent name (if applicable)	[REDACTED]
Address 1	[REDACTED]
Address 2	[REDACTED]
Postcode	[REDACTED]
Telephone number	[REDACTED]

PART B - Representation Form 1

1. To which part of the Local Plan does this representation relate? From the drop down list please select one option.

Draft Local Plan (as a whole)

3. Do you consider the Draft Local Plan is: Please select one option in each row.

	Yes	No
Legally Compliant		X
Sound		X
Compliant with the Duty to Co-operate		X

You have just completed a Representation Form for Draft Local Plan (as a whole). What would you like to do now?
Please select one option.

Complete the rest of the survey (Part C)