

Response 830

Respondent Details

Information	
[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: Lindsey Bate

Email address: [REDACTED]

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

Other (please specify): [REDACTED]

Local resident: [REDACTED]

3. Please complete the following:

Contact details	
Organisation name (if applicable)	-
Agent name (if applicable)	-
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.

Policy OS2 Croft

2. Does your comment relate to a specific paragraph (s) or policy sub-number (s)? Please select one option.

A policy sub-number (s)

If a paragraph or policy sub-number then please use the box below to list:
10.6 Croft - Site Allocations - Warrington Proposed Submission Version Local Plan

