

# Response 827

## 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: Anna Barnes

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)	-
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)

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

None of the above

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

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? Please select one option.

No, I do not wish to participate at the oral examination

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)