

Proposal 1

Consultation on introduction of Stop and Shop Scheme along the High Road

Please enter your address details below and note that for this proposal we can only consider responses from residents and businesses within the consultation area as outlined on the map on page 4. Individual address details will be kept confidential and will not be published or included in reports.

Please ensure your responses to this consultation are legible so we can make the best use of the community feedback.

- Q1** Your house, flat or building number _____
- Q2** Street name and postcode (essential) _____
- Q3** Are you (please tick if both apply)
 A local resident Local business owner or employee
Please state business name _____
- Q4** How many of the following vehicle types does your household or local business own or use?
Please write in the number of vehicles
 Cars Vans / trucks Motorcycles None
- Q5** Please indicate if parking in your street is often made difficult by any of the following
 Commuters Shop and business workers
 Visitors to local shops and businesses Football supporters (or visitors to other events)
 Other parking problems
Please give details: _____

- Q6** Having considered the information detailed on page 6, do you support the proposal for pay and display parking bays along the High Road?
 Yes No Other view
- Q7** Do you support the proposed operating days of Monday to Saturday? Yes No
If not, do you think the scheme should be in place for:
Longer: Monday to Sunday
Shorter: Monday to Friday
- Q8** Do you support the proposed operating hours of 8am 6:30pm? Yes No
If not, do you think it should operate for:
Longer: 8am to 8pm 8am to 10pm
A shorter period: 9am to 5pm or 10am to 4pm
- Q9** Do you support the introduction of more Loading Bays in the area? Yes No
- Q10** If you have any other comments or suggestions about the proposals, please state them below.

Thank you for completing the questionnaire.

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Please do not send more than one response per household.

Proposal 2

Consultation on core area parking controls with revised match/event day controls

Please enter your address details below and note that for this proposal we can only consider responses from residents and businesses within the consultation area as outlined on the map on page 4. Individual address details will be kept confidential and will not be published or included in reports.

Please ensure your responses to this consultation are legible so we can make the best use of the community feedback.

Q1 Your house, flat or building number _____

Q2 Street name and postcode (essential) _____

Q3 Are you (please tick if both apply)

A local resident Local business owner or employee

Please state business name _____

Q4 How many of the following vehicle types does your household or local business own or use?
Please write in the number of vehicles

Cars Vans / trucks Motorcycles None

Q5 Having considered the information detailed on page 7, do you support the introduction of additional parking controls in your street?

Yes No (go to Q9)

Q6 The proposed operating days and times for the core area are 8am – 6:30pm weekdays (Mon-Sat)
Do you agree with these days and times?

Yes No

Q7 If you would like different hours, what would you suggest?

A shorter period during the day Include evenings

Q8 If you would prefer different days, what would you prefer?

Monday-Friday Monday-Sunday

Q9 If you do not want all day parking controls in your street, would your views change if the neighbouring streets were included?

Yes, we would then want to be included No, we would still not want to be included

Q10 Please estimate how many resident or business permits you would require for on-street parking.

Q11 If you have any other comments or suggestions about the proposals, please state them below:

Thank you for completing the questionnaire.

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Proposal 3

Consultation on revised match day controls outside the core area

Please enter your address details below and note that for this proposal we can only consider responses from residents and businesses within the consultation area as outlined on the map on page 4. Individual address details will be kept confidential and will not be published or included in reports.

Please ensure your responses to this consultation are legible so we can make the best use of the community feedback.

Q1 Your house, flat or building number _____

Q2 Street name and postcode (essential) _____

Q3 Are you (please tick if both apply)

A local resident / occupier

Local business owner or employee. Please state business name _____

Q4 How many of the following vehicle types does your household or local business own or use? Please write in the number of vehicles

Cars

Vans / trucks

Motorcycles

None

Q5 Having considered the information detailed on pages 8 and 9, please let us know your comments on the following aspects of this proposals that directly impact your parking capacity, and the improvements the council seek to introduce.

	Support	Oppose
1. Revision of match/event day operational hours	<input type="checkbox"/>	<input type="checkbox"/>
2. Revision to emergency corridor restrictions	<input type="checkbox"/>	<input type="checkbox"/>
3. Increasing awareness of match/event day restrictions	<input type="checkbox"/>	<input type="checkbox"/>
4. Introduction of match/event parking in the area on a match day	<input type="checkbox"/>	<input type="checkbox"/>
5. Introduction of Variable Message signs	<input type="checkbox"/>	<input type="checkbox"/>

Q6 If you have any other comments or suggestions about the amendments to the match day CPZ, please state them below:

Thank you for completing the questionnaire.

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Proposal 4

Consultation on match day CPZ and full-time CPZ controls operating in Tower Gardens and/or Tottenham Hale

Please enter your address details below and note that for this proposal we can only consider responses from residents and businesses within the consultation area as outlined on the map on page 4. Individual address details will be kept confidential and will not be published or included in reports.

Please ensure your responses to this consultation are legible so we can make the best use of the community feedback.

- Q1** Your house, flat or building number _____
- Q2** Street name and postcode (essential) _____
- Q3** Are you (please tick if both apply)
 A local resident Local business owner or employee
Please state business name _____
- Q3a** Do you live in: Tower Gardens Tottenham Hale
- Q4** How many of the following vehicle types does your household or local business own or use?
Please write in the number of vehicles
 Cars Vans / trucks Motorcycles None
- Q5** Having considered the information detailed on pages 10 and 11, do you support the introduction of parking controls in your street?
 Yes No. (go to Q8)
- Q6** If yes, which days would you like the CPZ to operate on? (please tick one)
 Monday to Friday Monday to Saturday Monday to Sunday
- Q7** Which period of operating times for the CPZ parking bays would you prefer?
 All day (8am-6:30pm) All day, plus evenings (8am-10pm) A two-hour period
(To be determined by the council)
- Q8** If you do not want controlled parking in your street, would your views change if parking controls were introduced in the next or a neighbouring street?
 Yes No
- Q9** Please estimate how many permits your household/ business would require for on-street parking.
Please write the number in the box
- Q10** If you have any other comments or suggestions about the proposals, please state them below:

Thank you for completing the questionnaire.

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