

LOCAL DEVELOPMENT FRAMEWORK



Comments Form for the Design Guide Consultation Document

Please read the notes on "How to submit your comments" before completing this form.
Please use a separate form for each representation.

Office Use only
REF No:

1 Organisation (if applicable)	
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2 YOU	3 YOUR AGENT (if applicable)
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
E mail:	E mail:

4 To which part of the document does your comment relate?	<i>Chapter / Section</i>
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6 DETAILS Please give your comments here Clearly indicate the changes or alternative approach you are seeking. Please attach additional sheets as necessary.	
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We will notify all respondents when the Design Guide is adopted by the Council.

If you DO NOT wish to be notified please tick the box.

Signed:		Date:	
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