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| **Office Use Only**  Consultee No.  Representation No. |

**Bishops Itchington**

**Neighbourhood Development Plan**

**Regulation 14 Consultation [01/02/21 – 28/03/21]**

**ALL RESPONSES MUST BE RECEIVED BY 28 MARCH 2021**

**Representation Form**

**PLEASE COMPLETE AND RETURN ONE FORM FOR EVERY COMMENT MADE**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Email |  |
| Tel. No. |  |

Please state to which part of the Draft Neighbourhood Plan your representation refers. (Please indicate with X)

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| Page Number |  |
| Policy Number |  |

Are you supporting, objecting, or making a comment? (Please indicate with X)

|  |  |
| --- | --- |
| Support |  |
| Object |  |
| Making a Comment |  |

Please Turn Over

Please use the box below for any comments.

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**I also consent to my details being shared with Stratford on Avon District Council for the purpose of the District Council carrying out their duties at Regulation 16 consultation, please tick this box o**

**Thank you for your time and interest. Please return this form to the Parish Council office or via email to: clerk@bishopsitchington-pc.gov.uk**