To help us to be sure that we are reaching all sections of the community we would like you to provide some details about yourself which WILL NOT BE DISCLOSED. This information will be used for monitoring purposes only and will be treated in accordance with the Data Protection Act 1998. The Data Controller for Plymouth City Council is the Corporate Information Manager who can be contacted at the Civic Centre, Plymouth PL1 2EW.

**Are you:**  
[ ] Male  [ ] Female

**What age range do you fall into?**

- [ ] Under 18
- [ ] 18-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
- [ ] 55-64
- [ ] 65-74
- [ ] 75+

**Do you have any long-standing illness, disability or infirmity?**

[ ] Yes  [ ] No

If Yes how would you describe your long-standing illness, disability or infirmity (please tick all that apply)

- [ ] Mobility impairment
- [ ] Hearing impairment
- [ ] Sight impairment
- [ ] Learning difficulties
- [ ] Other .............................................................

**How would you describe your ethnic origin?**

**White**

- [ ] British
- [ ] Irish
- [ ] Any other White background (please state) ........................................

**Mixed**

- [ ] White & Black Caribbean
- [ ] White & Black African
- [ ] White & Asian
- [ ] Any other Mixed background (please state) ........................................

**Asian or Asian British**

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background (please state) .................................

**Black or Black British**

- [ ] Caribbean
- [ ] African
- [ ] Any other Black background (please state) .................................

**Chinese or other ethnic group**

- [ ] Chinese
- [ ] Any other ethnic group (please state) ..........................................

Q1 What is the title of the document you wish to comment on? (please tick one box below)

- Local Development Scheme
- 1. The Core Strategy - Building Sustainable Communities Issues & Options
- 2. The Core Strategy - Economic Issues & Options
- 3. The Core Strategy - Environmental Issues & Options
- 4. The Core Strategy - Social Issues & Options
- 5. The Core Strategy - Waste Issues & Options
- 6. The Core Strategy - Transport Issues & Options
- 8. Devonport Area Action Plan Issues & Options
- 10. Derriford / Seaton / Southway Area Action Plan Issues & Options
- 11. Central Park Area Action Plan Issues & Options
- 12. City Centre Area Action Plan Issues & Options
- 14. The Hoe Area Action Plan Issues & Options
- 16. Cross Boarder Issues (Sherford & Minerals)

Q2 Which part of that document do you wish to comment on?

...................................................................................................................................................................................

Q3 Is your comment an objection to, or support for, that part of the document?

Objection ☐ Support ☐

Q4 In Section A please give a summary of your objection or support (maximum of 250 characters). Section B is available for more detailed comment.

Section A
We need to know what you think

All forms must be returned by 5:00pm on 18th April 2005

Please post completed form back to:

Policy Unit
Planning & Regeneration
Plymouth City Council
Civic Centre
Plymouth
PL1 2EW

or

by fax: 01752 304294
by email: ldf@plymouth.gov.uk
Have your say

If you would like to make a comment about any of our Local Development Framework documents please use this form to submit your views.

PLEASE COMPLETE A SEPARATE FORM FOR EACH ISSUE OR SUBJECT THAT YOU WISH TO COMMENT ON.

Plymouth City Council will only use the information provided for the purpose of preparing the Local Development Framework. Please note that a copy of your response will be placed on a public register and cannot therefore be treated as confidential.

All forms must be returned by 5:00pm on 18th April 2005

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### Your Details

- **Title:** ..................  
- **Forename:** .......................................  
- **Surname:** ...........................................  
- **Address:** ..................................................  
- **Postcode:** ...........................................  
- **Organisation:** ........................................... (if applicable)  
- **Tel:** .............................................  
- **Fax:** .............................................  
- **email:** ....................................................

### Agent Information (if applicable)

- **Title:** ..................  
- **Forename:** .......................................  
- **Surname:** ...........................................  
- **Address:** ..................................................  
- **Postcode:** ...........................................  
- **Organisation:** ........................................... (if applicable)  
- **Tel:** .............................................  
- **Fax:** .............................................  
- **email:** .....................................................