

For Office Use Only

Ref:

Date Received:

**Wincanton Neighbourhood Plan**

**Response Form**

**South Somerset District Council**

The Council Offices. Brympton Way, Yeovil BA20 2HT

Telephone 01935 462462

Website [www.southsomerset.gov.uk](http://www.southsomerset.gov.uk)

* The Wincanton Neighbourhood Plan has been prepared by

Wincanton Town Council. It has now been formally submitted to

South Somerset District Council who are legally required to

undertake public consultation.

* Please use this form if you wish to support or

object to the Wincanton Neighbourhood Plan.

* Please return this form by **XXXXX**. Representations received

after this date will not be accepted.

* **Completed Forms should be returned:**
* **By post to:** Spatial Policy Team, South Somerset District Council at the address above;
* **By e-mail to:** [planningpolicy@southsomerset.gov.uk](mailto:planningpolicy@southsomerset.gov.uk)
* **By hand to:** the Council Offices in Brympton Way, Yeovil

**Part A- Contact Details**

|  |  |  |
| --- | --- | --- |
| **Personal Details** | **Agent’s Details\* (if applicable)** | |
| **Name:**  **Organisation:**  *If Applicable*  **Address:**  **Postcode:**  **Email:**  **Tel:** | **Agent Name:**  **Company Name:**  **Address:**  **Postcode:**  **Email:**  **Tel:** | |
| **Signature:** | | **Date:** |

*\*If an agent is appointed, please fill in your name and the full contact details of the agent. Where an agent is used,*

*the agent will be the point of contact.*

*Please note that representations should be attributable to named individuals or organisations at a postal address. Any representation received will be published on the Council’s Website, including your name.*

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| --- | --- |
| **Future Progress of the Neighbourhood Plan for Wincanton** | |
| Please indicate if you wish to be notified about subsequent progress of the Neighbourhood Plan, including when the District Council makes a decision about ‘making’ the plan (under Regulation 19), by ticking here. **We will contact you by e-mail only unless you request otherwise.** | ([Image result for tick symbol](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiX7_ixkJ_UAhVBOhoKHQkXDCUQjRwIBw&url=http%3A%2F%2Ffelineclipart.com%2Ftick-symbol.html&psig=AFQjCNHK-nNJluIpSKW3KwGIqsSWMhMsMg&ust=1496491701278894)) |

**Part B – Your Comments**

|  |  |
| --- | --- |
| 1. **To which proposed section or policy does your representation relate?**   *Please use a separate form for each section or policy you wish to comment on.* | For Office Use Only  Ref: |
|  | |
| 1. **Please outline your comments below** (continue on an additional sheet if necessary) | |
|  | |
| 1. **What Changes would you suggest should be made to the Plan?** | |
|  | |