

Proposed Submission Version Local Plan

PART A - About You

1. Please complete the following:

Please note the email address (if provided below) will be sent a full copy of the submitted response and a unique reference number.

Name of person completing the form: kathryn lloyd

Email address: -

2. What type of respondent are you? Please select one option only.
If you are an agent please select the type of client you are representing.

A local resident who lives in Warrington

3. Please provide your contact details:

	Contact details
Organisation name (if applicable)	-
Agent name (if applicable)	kathryn lloyd
Address 1	██████████
Address 2	██████████
Postal Town	██████████
Postcode	██████████
Telephone number	██████████

PART B - Representation Form 1

1. To which part of the Local Plan does this representation relate?

From the drop down list please select one option.

MD3 Fiddlers Ferry

2. What does your comment relate to? Please select one option.

None of the above

3. Do you consider the Draft Local Plan to be: Please select one option in each row.

	Yes	No
Legally Compliant	X	
Sound		X
Compliant with the Duty to Co-operate		X

4. If you have answered 'No' to any of the options in the above question then please give details in the box below of why you consider the Draft Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate.

Please be as precise as possible.

Fiddlers Ferry site would be more beneficial to all of Warrington if it is used as a site for a new hospital

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? Please select one option.

No, I do not wish to participate at the oral examination

You have just completed a Representation Form for MD3 Fiddlers Ferry.

Please select what you would you like to do now?

Complete the final part of the form, Customer 'About You' questions and submit response **(Part C)**