

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: Elizabeth McLoughlin

Email address: [REDACTED]

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)	-
Address 1	[REDACTED]
Address 2	[REDACTED]
Postal Town	[REDACTED]
Postcode	[REDACTED]
Telephone number	[REDACTED]

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.

MD4 Peel Hall

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

Both of the above

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

	Yes	No
Legally Compliant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sound	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Compliant with the Duty to Co-operate	<input type="checkbox"/>	<input checked="" type="checkbox"/>

You have just completed a Representation Form for MD4 Peel Hall.

Please select what you would you like to do now?

Submit response (I am a Developer / Landowner / Group / Organisation)