

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: James Cooper-Bates

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	-
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.

Plan as a whole

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

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 Plan as a whole.

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**)