

For office use only

Agent number:

Representor number:

Representation number:



**South
Cambridgeshire
District Council**

South Cambridgeshire Local Plan

Issues and Options Consultation 2012

Response Form

This form has two parts to complete (please use black ink):

PART A – Personal Details

PART B – Your Representation (Please fill in a separate form for each representation)

Note – you can also reply via our [interactive online form](http://www.scambs.gov.uk/ldf/localplan) on the Council's website:
www.scambs.gov.uk/ldf/localplan . (Instructions are provided on how to use it).

Data Protection and Freedom of Information

Information from the forms will be stored on a computer database used solely in connection with the South Cambridgeshire Local Plan. Representations, including names, will be available to view on the District Council's website to ensure an open and transparent process, although addresses and contact details will not be included. However, representations cannot be treated as confidential as they must be made available for public inspection or disclosure under the Freedom of Information Act 2000 and Environmental Information Regulations, which will include address details.

By submitting this response form you are agreeing to these conditions.

PART A – Personal Details

Name of Individual / Organisation:

Contact Name: _____
(If an organisation)

Address: _____

Postcode: _____

If you have appointed someone to act as your agent please give their name and address. All correspondence will be sent to the agent:

Name of Agent: _____

Contact Name: _____
(If an organisation)

Address of Agent: _____

Postcode: _____

Email: _____

Tel: _____ **Fax:** _____

Email: _____

Tel: _____ **Fax:** _____

Signature:

Date:

Representations must be received by 12 noon 28 September 2012

PART B - Representation Details

QUESTION / SITE OPTION NUMBER	
(Please circle one)	SUPPORT (OBJECT) COMMENT

PLEASE PROVIDE REASONS FOR SUPPORT OR OBJECTION OR COMMENT:

Please be as precise as possible (continue on separate A4 sheet(s) if necessary)

PART B - Representation Details

QUESTION / SITE OPTION NUMBER	
(Please circle one)	SUPPORT OBJECT COMMENT

PLEASE PROVIDE REASONS FOR SUPPORT OR OBJECTION OR COMMENT:

Please be as precise as possible (continue on separate A4 sheet(s) if necessary)

SUMMARY OF REPRESENTATION:

Please summarise the main issues raised in no more than 100 words (if your reasons are longer)

PLEASE RETURN YOUR FORM BY 12 NOON ON 28 SEPTEMBER 2012 TO:

EMAIL:	ldf@scambs.gov.uk
POST:	Jo Mills, Director of Planning and New Communities, South Cambridgeshire District Council, Cambourne Business Park, Cambridge, CB23 6EA
BY HAND:	To the above postal address (open 8.30am-5pm on Monday to Friday).

If you need any further information or assistance in completing this form please contact the Planning Policy Team on 01954 713183 or email ldf@scambs.gov.uk.

Representations must be received by 12 noon 28 September 2012