

**Office Use Only**

Representation No.

# **Armitage with Handsacre Neighbourhood Plan Pre-Submission Regulation 14 Consultation**

2<sup>nd</sup> May to 16<sup>th</sup> June 2017

**ALL RESPONSES MUST BE RECEIVED BY 16<sup>th</sup> JUNE 2017**

## **Representation Form**

**PLEASE COMPLETE AND RETURN ONE FORM FOR EVERY COMMENT MADE**

Name	
Organisation	
Address	
Email	
Tel. No.	

Please state to which part of the Draft Neighbourhood Plan your representation refers. (Please indicate with X)

Page Number	
Policy Number	

Are you supporting, objecting, or making a comment? (Please indicate with X)

Support	
Object	
Making a Comment	

Please Turn Over

Please use the box below for any comments.

**Thank you for your time and interest. Please return this form to:**  
**Neighbourhood Plan Consultation, c/o Parish Council, Village Hall, Shropshire Brook Road, Armitage, WS15 4UZ.**

Or via email to: [armitage.pc@btconnect.com](mailto:armitage.pc@btconnect.com)