**Representation Form**

You can use this form to comment on the submission version of the Preston Parish Neighbourhood Plan. Completed representation forms can be sent by email to neighbourhoodplans@north-herts.gov.uk or by post to: Strategic Planning and Projects Group, North Hertfordshire District Council, PO Box 10613, Nottingham, NG6 6DW. Completed forms should be received by **Thursday 25 April 2019**.

Representations cannot be treated in confidence. Copies of the representations will be made publically available. Your comments and your name will be published following the consultation, but we will not publish personal information such as telephone numbers, email or private addresses. Please see the District Council’s Privacy Statement [Privacy Statement](https://www.north-herts.gov.uk/home/council-data-and-performance/data-protection/personal-information-and-privacy-notice-gdpr).

Attachments should only be used where necessary to support the representation, e.g. plans or images. If these are submitted electronically, they should be in pdf or jpeg format and not exceed 10MB in size.

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| Your contact details: |
| Name: |
| Organisation: |
| Address: |
| Postcode: |
| Email address: | Telephone: |

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| If you are have appointed an agent to act on your behalf please enter their details here:  |
| Name: |
| Organisation: |
| Address: |
| Postcode: |
| Email address: | Telephone: |
| Please enter your comment or comments on the Preston Parish Neighbourhood Plan Submission Version, together with any suggested amendments below. For each comment made, please indicate to which part of the neighbourhood plan the comment relates to (e.g chapter or policy number). |
| Chapter: | Policy: |
| Comments:Please continue on a separate sheet if needed |

The appointed examiner will decide if an oral examination is necessary. If he / she considers that this is required, please tick the box below if you would like to participate.

If you wish to be notified when the Council resolves to “make” the Preston Parish Neighbourhood Plan, please tick the box below.

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| Signature:  | Date:  |