## Chetwynd: The Toton and Chilwell Neighbourhood Plan (Regulation 16) Consultation Response Form



#### Agent (if applicable)

Please provide your client's name Your Details								
Name		4						
Organisation (if responding on behalf of an organisation)								
Address								
Postcode								
E-mail address								

### Comments should be received by 5<sup>th</sup> August 2022

Please state whether or not you would like to be notified of the local planning authority's decision (to 'make' or 'refuse' the Chetwynd: The Toton and Chilwell Neighbourhood Plan).						
Yes		No				

If you require any assistance in completing this form, please do not hesitate to contact the Planning Policy Team on 0115 917 3452 or 3015 or via email: <u>policy@broxtowe.gov.uk</u>.

#### For more information please visit:

## www.broxtowe.gov.uk/chetwyndneighbourhoodplan

**Data Protection** - The comment(s) you submit on the Chetwynd: The Toton and Chilwell Neighbourhood Plan will be used in the plan process and may be in use for the lifetime of the Chetwynd: The Toton and Chilwell Neighbourhood Plan in accordance with the Data Protection Act 2018. The information will be analysed and the Council will consider issues raised. Please note that comments cannot be treated as confidential and will be made available for public inspection. All representations can be viewed at the Council Offices. A copy of Broxtowe Borough Council's Planning Policy Privacy Notice is available on our website at the following link: <a href="https://www.broxtowe.gov.uk/for-you/planning/planning-policy-planning-policy-planning-policy/planning-policy-pl

#### Please return completed forms to:

Planning Policy Team, Broxtowe Borough Council, Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB or via email to: <u>policy@broxtowe.gov.uk</u>.

1. Please state which part of the Neighbourhood Plan (i.e. which policy, aspiration, section, objective or paragraph) your representation refers to (please complete a separate form for each representation)

2. Do you support, oppose, or wish to comment on this policy, aspiration, section, objective or paragraph? (select one)

Support	Support with modifications	Oppose	Have Comments							
Please give details of your reasons for support/opposition, or make other comments										



# *This form is available in large print and other formats on request.*

Please use a separate sheet of paper if required.