

Houlton Street Consultation Feedback Form

Please take a moment to let us know your thoughts on the proposals.

	Contact Details			
	Name:			
	Post Code: Phone Number:			
	Email:			
	Your Feedback			
1.	What is your interest in the proposals?			
	Immediate Neighbour			
	Community Group Other (please state)			
2.	What age group are you in?			
	18-24 25-34 35-44 45-54 55-64 65-74 75+			
3.	. What is your Ethnicity? (optional)			
4.	Overall, what do you think of the plans and why?			
	Strong Support Support Mixed Views Strong Concerns Strong Concerns			
5.	Which elements of the proposals appeal to you?			

	e there any elements of the pro	pposais that do not appear to	you:	
ls t	Is there anything you would like to see in the proposals that is not already included?			
Ple	Please provide any additional comments you would like to make:			
	Thank you for taking the time to give us your feedback.			
	Please tick if you would like to be kept up to date with the proposals.			
γοι		bsite or send it to us by Freepo	r take it away to complete. You can ser ost, at 'Freepost Consultation Reply'. Tl	
		For further information	n	
w	ww.mrp-houltonstreet.com	0800 689 5209	info@mrp-houltonstreet.com	

Your details are being collected by Marengo Communications Limited, for and on behalf of MRP, solely in regard to the above proposals. Your feedback will be used anonymously and given to the Council at the time of the planning application. To opt out from receiving updates, either do not supply your contact information, or email us at info@mrp-houltonstreet.com. To find out more about how we will handle your information, please read our Privacy Notice (www.marengocomms.com/privacy). A hard copy is available upon request.