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| ***Steering Group use***  *Consultee No.*  *Representation No.* |



**Pre-submission Regulation 14 Consultation**

**1 October to 19 November 2017**

**ALL RESPONSES MUST BE RECEIVED BY 19 NOVEMBER 2017**

**Representation Form**

Please complete and return **one** form, or use a continuation sheet or sheets, for every representation made

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| --- | --- |
| Full name |  |
| Organisation |  |
| Address |  |
| Post Code |  |
| Email |  |
| Date |  |

Please state to which part of the draft Neighbourhood Plan your representation relates

|  |  |
| --- | --- |
| Page number |  |
| Policy number |  |
| Other |  |

Please use the box below for comments

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Thank-you for your comments. Please return this form by email to [comment@deddingtonneighbourhoodplan.org](mailto:comment@deddingtonneighbourhoodplan.org) or by post to Deddington Neighbourhood Planning Team, c/o Karmilla, Hempton Road, Deddington, OX15 0QG.