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| CRESTFor Office Use:  **Please Do Not Complete** |
| Ref No: |
| Scanned: |
| Acknowledged: |



**Public Consultation – Draft Lower Falinge Supplementary Planning Document (SPD)**

**Friday 12 February to Friday 26 March 2021**.

**COMMENTS FORM**

|  |
| --- |
| **Rochdale Council has produced a Draft Lower Falinge Supplementary Planning Document (SPD).**  Please use this comment form to register your comments and views on the draft SPD. |

**PART A YOUR DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **1. Your Details** | **2. Agent Details *(if applicable)*** |
| **Title** |  |  |
| **Forename** |  |  |
| **Surname** |  |  |
| **Organisation**  (if relevant) |  |  |
| **Address** |  |  |
| **Postcode** |  |  |
| **Email Address** |  |  |
| **Telephone No.** |  |  |

|  |
| --- |
| **Your completed comment form should be sent to the Strategic Planning Service:**  **Email:** [**LDF.consultation@rochdale.gov.uk**](mailto:LDF.consultation@rochdale.gov.uk)  **Post:** Number One Riverside, Smith Street, Rochdale, OL16 1XU |
| **Comment Forms should be received by Friday 26 March 2021** |

**If you are an agent making comments on behalf of another organisation, company or individual please enter their details.**

Do you wish to be contacted at future stages? (Y/N)

|  |  |  |  |  |  |  |  |
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| **PART B – YOUR COMMENTS**   |  | | --- | | CRESTFor Office Use:  **Please Do Not Complete** | | Ref No: | | Scanned: | | Acknowledged: | | | | |
| **Please use the space below for any comments** *(to help assist us in responding to your representation, it would be helpful if you could tell us which chapter/page number you are commenting on). Please continue on an additional sheet, if necessary.* | | | |
|  | | | |
| **Signed/Name:** |  | **Date:** |  |
| **Thank you for taking the time to participate in this consultation.** | | | |

**EQUAL OPPORTUNITIES MONITORING**

We want to ensure that we find out the views of all groups in the community. Please help us to do this by filling in the form below. It will be separated from the above reply and will not be used for any purpose other than monitoring.

**Please put an X in the appropriate boxes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you live in the Borough?** | Yes |  | **Are you:** | Male |  |
| No |  | Female |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age Group** | Under 18 |  | **Are you registered disabled** | Yes |  |
| 18 – 60 |  | No |  |
| Over 60 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My cultural / ethnic origin is:** | | | | | | |
| **White** | | **Asian or British Asian** | | | | |
| White British |  | Bangladeshi |  | Pakistani |  | |
| White Irish |  | Indian |  | Kashmiri |  | |
| Other (please describe) |  | Other (please describe) | | |  | |
|  | |  | | | | |
| **Black or Black British** | | **Mixed Race or Dual Heritage** | | | |
| African |  | White / Asian | | |  |
| Caribbean |  | White / Black Caribbean | | |  |
| Other (please describe) | | White / Black African | | |  |
|  | | Other (please describe) | | |  |
|  | | | |