

# Public Consultation

## Proposed Controlled Parking Zone LW - Western Road

We would like to know your views.

Please tick the appropriate boxes and return this card by **27 October 2023**.

Please write in BLOCK capitals

Name: .....

Signature: .....

Road: .....

Property No./Name: .....

Email: .....

Post Code: .....

Please tick if you would like the above information to be confidential.

1. Are you a resident or business?  Resident  Business  Other - Specify
2. How many vehicles do you have in your household/business?
3. Do you support a proposed CPZ in your road?  Yes  No  Undecided
4. If a CPZ is introduced which days would you like the controls to operate?  Mon - Fri  Mon - Sat  Mon - Sun
5. Which hours of operation would you prefer?  
 8.30am - 6.30pm  
 10am - 4pm  
 11am - 3pm

Do you have any additional comments regarding the proposals? (Please write in BLOCK capitals)

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**Please Note:** In view of the large number of responses received during a public consultation it will not be possible to reply individually to each respondent.

c) Third fold back on this line and tuck in flap

**BUSINESS REPLY SERVICE**  
Licence No. SEA 8368

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**Director of Environment & Regeneration**  
**Civic Centre**  
**London Road**  
**Morden**  
**SM4 4BR**

REF: CPZ VSW - Chester Road

b) Second fold back on this line

a) First fold back on this line