

Wimbledon Stadium Parking Review

Consultation on Event Day and CPZ parking controls

Questionnaire

Please read through the consultation material before completing the survey.
 Only one response per household / business address is required.

Privacy

All the information you provide will be treated in strict confidence and will only be used for the purposes of this consultation. The Council will do all we can to respect your privacy and to protect the personal information we acquire through responses to our consultations. You can read the Council's Privacy Notice at <https://www.wandsworth.gov.uk/the-council/open-data-and-transparency/privacy/wandsworth-council-privacy-notice>

Please answer all questions in section A and B, so that all your views and preferences can be considered.

Section A: Your Details

1. Please give us your address and post code
 (Required so that we can validate your response)

House/Flat number or name:	
Road name:	
Postcode:	

2. In what capacity are you responding to this consultation?
 (Please tick all that apply)

- A resident
- A landlord
- A business owner
- Other, please state:

3. How many vehicles do you have in your household / on your business premises?
 Please tick only one answer

None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have off-street parking (e.g. driveway) at your address?
 Please tick only one answer

- Yes
- No

Section B: Your views – Event Day Only controls

5. How do you think the Event Day controls should operate?

Please tick only one answer

- 9.30am - 9.30pm on AFC Wimbledon home match days, with non-resident visitor parking limited to one hour (as existing - no change)
- Increase the operational hours on Event Days
- Limit the Event Day controls to match/event times, for example starting 1 to 2 hours before the match kick-off time
- Remove all Event Day controls
- Don't know / no opinion

6. Please give the reason(s) for your answer to the previous questions?

(Please tick all that apply)

<input type="checkbox"/> I am happy with the current Event Day controls	<input type="checkbox"/> I'm unable to park near my home when the Event Day controls operate
<input type="checkbox"/> Increasing the Event Day controls will improve parking and cost me no more for a permit	<input type="checkbox"/> I don't want to pay more for my visitors
<input type="checkbox"/> Need to deter football fans parking during home matches	<input type="checkbox"/> Football fans do not park in my road
<input type="checkbox"/> Parking for residents has become more difficult due to football fans and residents / visitors to the stadium development	<input type="checkbox"/> The Event Day controls have a detrimental impact on local businesses
<input type="checkbox"/> Existing Event Day signage is unclear	<input type="checkbox"/> I want the Event Day controls removed
<input type="checkbox"/> Other (Please specify)	

Section C: Your views – normal CPZ controls

7. What Days do you think the CPZ should operate?

Please tick only one answer

- Monday to Friday (Existing in L2 and G1)
- Monday to Saturday (Existing in E1)
- Monday to Sunday
- Don't know / no opinion

8. What Hours do you think the CPZ should operate?

Please tick only one answer

- Existing hours – no change
- 9.30am to 6.30pm
- 9.30am to 9.30pm
- Don't know / no opinion

9. Please give the reason(s) for your answer to the previous questions?

(Please tick all that apply)

<input type="checkbox"/> I'm unable to park near my home when the CPZ does not operate	<input type="checkbox"/> I am happy with the CPZ's current operational days/hours
<input type="checkbox"/> Increasing the CPZ days/hours will improve parking and cost me no more for a permit	<input type="checkbox"/> I don't want to pay more for my visitors
<input type="checkbox"/> Need to deter non-residents parking when the CPZ does not currently operate	<input type="checkbox"/> I don't have a car
<input type="checkbox"/> Parking has become more difficult due to the new football stadium and/or the new residential development	<input type="checkbox"/> A nearby CPZ has resulted in more cars parking in my area
<input type="checkbox"/> I have to park too far from home	<input type="checkbox"/> I want the Event Day controls removed
<input type="checkbox"/> Other (Please specify)	

10. Are you in favour of the CPZ being extended to include bank/public holidays?

Please tick only one answer

Yes

No

11. Which, if any, of the following are issues in your road?

(Please tick all that apply)

<input type="checkbox"/> New developments in the area affect parking	<input type="checkbox"/> School pick up/drop off creates parking problems
<input type="checkbox"/> Multiple vehicle ownership takes up parking spaces	<input type="checkbox"/> Inconsiderate parking is a problem
<input type="checkbox"/> Dropped kerbs in my road limit parking spaces	<input type="checkbox"/> Not allowing dropped kerbs contributes to parking problems
<input type="checkbox"/> Speeding/rat running	<input type="checkbox"/> Motorcycles occupy too much space
<input type="checkbox"/> Commercial vehicles park in my area	<input type="checkbox"/> More dedicated motorcycle bays are required
<input type="checkbox"/> Emergency service and refuse vehicles can't access the road	<input type="checkbox"/> Poor air quality
<input type="checkbox"/> Traffic congestion	<input type="checkbox"/> Other (Please specify below)

12. Please give us any further comments here: (max. 50 words)

Section D: About You

The following optional questions will help the Council to improve its services and be fair to everyone who lives in the borough. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

13. Are you?

Please tick only one answer

Male

Female

Prefer not to say

Prefer to self-describe:

14. What was your age last birthday?

Please tick only one answer

- | | |
|--|--------------------------------|
| <input type="checkbox"/> 19 and under | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75+ |
| <input type="checkbox"/> Prefer not to say | |

15. Do you consider yourself to have a disability?

Please tick only one answer

- Yes
- No
- Prefer not to say

16. How would you describe your ethnic group?

Please tick only one answer

- White
- Mixed/multiple ethnic groups
- Asian or Asian British
- Black/African/Caribbean/Black British
- Prefer not to say
- Any other ethnic background, please specify:

Thank you for taking part in the survey.