Magdalen Park area Parking Consultation

Questionnaire

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

Confidentiality

All the information you provide will be treated in strict confidence, will not be used to identify you personally and will only be used for the purposes of this consultation. The analysis is done on an anonymous basis under the guidelines of the Data Protection Act. Anonymised data may be published, including publishing comments on the Council's website.

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

louse	/Fla	t number or n	ame:		
		Road n	ame:		
		Posto	code:		
[]	A resident A landlord A business o			
		·	do you have in y	our household / on yo	our business premises
		None	One	Two	Three or more

Section B: Your Views

5.	Are	you happy v	with the pa	rking condi	tior	าร ต	on the highway roads in your area?	
	Yes	<u> </u>	<u>No</u>	No opi	nion	<u>1</u>		
	[]		[]	[]				
6.		what extent ould be impl					hat a Controlled Parking Zone (CPZ) cone only)	
	Stro	ongly Agree	<u>Agre</u>		Neit		<u>er Disagree</u> <u>Strongly</u> agree <u>Disagree</u>	
		[]	[]	_]	[] []	
7.	Plea	ase give the r	eason for y	our answers	to (que	uestions 5 and 6 (tick all that apply)	
[]	I'm unable to	o park near	my home.	[]	There is no parking problem in my road	
[]	A CPZ will e	ase parking	problems	[]	A CPZ won't help with parking problems	
[]	I don't mind means I can			[]	I don't want to pay for a parking permit	
[]	Need to dete	er non-resid	lents	[]	Visitors/non-residents need to be able to park	
[]	Environmen	tal reasons		[]	It will only displace parking elsewhere.	
[]	I don't own a	a car		[]	A CPZ will deter my visitors/customers	
[]	Other reaso	n (Please s	pecify below	')			
8.	If a	CPZ is appr	oved, wha	t <u>days</u> shou	ıld t	he	e CPZ operate? (Tick one only)	
	Monday to Friday [] Monday to Saturday [] Monday to Sunday [] No opinion []							
9.	If a	CPZ is appr	oved, wha	t <u>hours</u> sho	uld	the	ne CPZ operate? (Tick one only)	
	9.3 9.3	am to 11am 0am to 4.30p 0am to 9.30p opinion	•]				

10. Which, if any, of the following are issues in your road? (Please tick all that apply)

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

Section C: About You

The Council will use the information below to develop services that meet the needs of all the community. Please say as much as you wish but do not feel obliged to answer every question.

11. Are you?

Please tick only one answer

Male	[]	
Female	[]	
Prefer not to say	[]	
Prefer to self-describe	[]	

12. What was your age last birthday?

Please tick only one answer

19 and under	[]	45-54	[]
20-24	[]	55-64	[]
25-34	[]	65-74	[]
35-44	[]	75+	[]
Prefer not to say	[]		

Do you consider yourself to have se tick only one answer	av	e a disability?						
Yes	[]						
No	[]						
Prefer not to say	[]						
14. 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 Bri	[]						
Prefer not to say]				
Any other ethnic background, plea	[1						

Thank you for taking part in the survey.