



Rother District Council
Consultation on the
Sedlescombe Neighbourhood Plan
Representation Form

Ref:

(For official use only)

This form should be used to comment on the proposal for the Sedlescombe Neighbourhood Plan 2016-2028 that has been prepared by Sedlescombe Parish Council.

The consultation period runs from 28 November 2016 until 23 January 2017. **Completed representation forms must be received by the District Council no later than 5pm on 23 January 2017.**

Please return the form either by email to: planning.strategy@rother.gov.uk; or by post to: Service Manager – Strategy and Planning, Consultation on the Submission Draft of the Sedlescombe Neighbourhood Plan, Rother District Council, Town Hall, Bexhill-on-Sea, East Sussex, TN39 3JX; or by depositing the completed form in the dedicated box at Sedlescombe Post Office and Store.

This form has two parts –
 Part A – Personal Details
 Part B – Your representation. **Please fill in a separate sheet for each representation you make.**

Part A

1. Personal Details*

**If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2.*

2. Agent's Details (if applicable)

Title	<input type="text" value="Mr"/>	<input type="text"/>
First Name	<input type="text" value="ALBERT"/>	<input type="text"/>
Last Name	<input type="text" value="DAVIES"/>	<input type="text"/>
Job Title (where relevant)	<input type="text" value="Retired"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address (where relevant)	<input type="text"/>	<input type="text"/>

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Date received:	Rep ID:	Consultee ID:	Agent ID:
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Part B – Representation Please use a separate sheet for each representation

3. Name or Organisation: Mr Albert Davies

4. Please indicate which part of the Neighbourhood Plan or supporting Strategic Environmental Assessment the representation relates to. Please refer to document, policy/paragraph and page number, as appropriate.

5. Please make your comments in the box below. Please be as precise as possible and ensure any relevant evidence and supporting information is included.

I fully support our neighbourhood PLAN we have worked hard to put our plan together leave street farm for our children its there future I Back Policy if street farm

(Continue on a separate sheet/expand box if necessary)

6. The appointed Examiner will determine if an oral examination is necessary. If he/she considers that this is required, please tick the box below if you would wish to participate.

7. If you wish to be notified when the Council resolves to 'make' the Sedlescombe Neighbourhood Plan please tick the box below.

Data Protection Act 1998 and Freedom of Information Act 2000

Representations cannot be treated in confidence. Copies of all representations will be made publically available. The Council may also provide names and associated representations on its website but will not publish personal information such as telephone numbers, emails or private addresses. By submitting a representation on the Sedlescombe Neighbourhood Plan, you confirm that you agree to this and accept responsibility for your comments.

Signature: 

Date:

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