|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **hdc_pc_black_min** | **TUR LANGTON NEIGHBOURHOOD PLAN** **EXAMINATION VERSION****REPRESENTATION FORM** |
| **Please remember that the Examiner is only testing whether the Neighbourhood Plan meets the basic conditions and other relevant legal requirements set out in the Localism Act. The Examiner is not testing the soundness of the plan or looking at other material considerations.** **Respondents should also note that all representations will be available to view by the public and sent to the Examiner for consideration. The Examiner will determine whether an oral hearing is necessary.** **Please return by 3rd October 2018****By e-mail to: turlangtonnp****@harborough.gov.uk****By post to: Planning Policy, Harborough District Council, The Symington Building, Adam and Eve Street LE16 7AG** |
|

**This form has two parts:****Part A – Personal Details which must be completed for your representation to be considered.****Part B – Your representation(s). Please make it clear to which part of the Neighbourhood Plan each of your comments refers.**

|  |
| --- |
|  |

PART A |  |
| 1. Personal Details (Required) |  |
| Title  |  | state if other |
|   |
| First Name |       |   |
|   |
| Last Name |       |   |
|   |
| Job Title  |       |   |
| (where relevant) |
| Organisation  |       |   |
| (where relevant) |
| Address Line 1 |       |   |
|   |
| Line 2 |       |   |
|   |
| Line 3 |       |   |
|   |
| Line 4 |       |   |
|   |
| Post Code |       |   |
|   |
| Telephone Number |       |   |
| 2. Agent’s Details (if applicable) |
| Title  |  | state if other |
|   |  |
| First Name |       |  |
|   |  |  |
| Last Name |       |  |
|   |  |  |
| Job Title  |       |  |
| (where relevant) |  |  |
| Organisation  |       |  |
| (where relevant) |  |  |
| Address Line 1 |       |  |
|   |  |  |
| Line 2 |       |  |
|   |  |  |
| Line 3 |       |  |
|   |  |  |
| Line 4 |       |  |
|   |  |  |
| Post Code |       |  |
|  |  |  |
| Telephone Number |       |  |

|  |
| --- |
| PART B: RepresentationPlease make it clear to which part of the Neighbourhood Plan each comment relates. ***Please note your representation should cover, as briefly as possible all the information, evidence and supporting information necessary to support/justify the representation. Use the tab key to navigate through the form boxes.***  |
|  |
| **Comment relates to para/policy/****page/map number.*****(Please specify for each comment)*** | **Please include your COMMENTS below:****If further rows are needed please use an additional form.** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:(E-signature can be used if emailing the form back to HDC) |   | Date: | Click here to enter a date. |
| If you would like to be notified of Harborough District Council’s decision to ‘make’ the plan, please tick this box: | [ ]  |