



**SHEARSBY 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. 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 23<sup>rd</sup> May 2018**

By e-mail to: [shearsbynyp@harborough.gov.uk](mailto:shearsbynyp@harborough.gov.uk)

By post to: **Strategic Planning, 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)**

**2. Agent's Details (if applicable)**

Title

First Name

Last Name

Job Title

(where relevant)

Organisation

(where relevant)

Address Line 1

Post Code

Telephone Number

E-mail Address

## PART B: Representation

Please 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.*

**Comment relates to para/policy/page/map number.**  
*(Please specify for each comment)*

**Please include your COMMENTS below:**

(Please add more pages of your own if required)

Signature:

Date:

If you would like to be notified of Harborough District Council's decision to 'make' the plan, please tick this box: