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| **Office Use Only**Consultee No.Representation No. |

**Barrowford Neighbourhood Development Plan**

**Pre-Submission Regulation 14 Consultation**

**9am Monday 23rd October to**

**5pm Friday 1st December 2017**

**Response Form**

**PLEASE COMPLETE AND RETURN ONE FORM FOR EVERY COMMENT MADE**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Email |  |
| Tel. No. |  |

Please state to which part of the Draft Neighbourhood Plan your representation refers using the three boxes.

|  |  |
| --- | --- |
| Page Number  |  |
| Policy Number |  |
| Paragraph Number |  |

Are you supporting, objecting, or making a comment? (Please indicate with X)

|  |  |
| --- | --- |
| Support  |  |
| Object |  |
| Making a Comment |  |

Please Turn Over

Please use the box below for any comments.

|  |
| --- |
|  |

**Thank you for your time and interest. Please return this form to: Barrowford Parish Council**

**Holmefield House**

**Gisburn Road**

**Barrowfdord**

**Lancashire**

**BB9 8ND**

**Or by email to:** **barrowfordpc@barrowford.org.uk**

**Responses must be received by no later than 5pm Friday 1st December 2017.**