

# Appendix B

## Proposal to review the residents parking schemes in the district

Name:

Address:

Please tick (✓) the appropriate boxes below

1. Do you agree with the proposed changes and the areas to be covered by the restrictions as noted on the plan enclosed with this questionnaire? Please tick only for the Zone in which your property will be located.

Zone H	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Zone L	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Zone P	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Do you agree with the proposed changes to the times of the restrictions.

Yes  No

If no, what times would you like to see enforced?

 Am-  Pm

If you have answered no to any of the above, what changes to the area or times covered would you wish to see considered? Please add any comments below.

Thank you for completing this form. If you have any additional comments, or suggestions please add these on the reverse side of this form, which should be returned to the Parking Services Team at Dover District Council, as detailed in the covering letter, by **12 noon on Friday 20<sup>th</sup> May 2022**

