



**Tonbridge and Malling
Borough Council
Local Plan 2011-2031**

**Regulation 19 Publication
Version**

Representation Form

Tonbridge and Malling Borough Council respects your privacy and is committed to protecting your personal data. Further details of our Privacy Notice following the introduction of the General Data Protection Regulation can be found on our website: www.tmbc.gov.uk/privacy-notice-localplan

A
 Ref:

 (For office use only)

Tonbridge and Malling Borough Council
Local Plan 2011-2031

Regulation 19 Publication Version – Representation Form

Please return by **4pm on Monday 12th November 2018** to: localplan@tmbc.gov.uk or by post to: Planning Policy Manager, Tonbridge and Malling Borough Council, Gibson Building, Gibson Drive, Kings Hill, West Malling, Kent ME19 4LZ

This form has two parts:

Part A – Personal Details

Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make. Please see guidance note at the back of the form for definitions and details.

| | 1. Personal Details * | 2. Agent's Details (if applicable) |
|--|-----------------------|------------------------------------|
| Title | | |
| First Name | | |
| Last Name | | |
| Job Title (where relevant) | | |
| Organisation representing (where relevant) | | |
| Address Line 1 | | |
| Address Line 2 | | |
| Address Line 3 | | |
| Postal Town | | |
| Post Code | | |
| Telephone Number | | |
| Email Address | | |

** If an agent is appointed, please complete only the Title, Name and Organisation boxes above in 1 but complete the full contact details of the agent in 2.*

Please note: Where an email address is given, this will be used as the primary means of contact.

Would you like to hear from us in the future? *Please tick appropriate box*

I would like to be added to the database to receive updates of the Local Plan

Please do not contact me again

B



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Please note: A representation is your comment on the Local Plan. Representations cannot be treated as confidential and will be published on our website alongside your name. If you are responding as an individual rather than a company or organisation, we will not publish your contact details (email / postal address and telephone numbers) or signatures online, however the original representations will be available for public viewing at our council office by prior appointment, as soon as reasonably practicable after the Local Plan and supporting documents have been submitted to the Secretary of State.

3. To which consultation document does this representation relate? *Please tick appropriate box*

| | |
|---|--------------------------|
| Local Plan (inc. Policies Map) | <input type="checkbox"/> |
|---|--------------------------|

| | |
|-------------------------------------|--------------------------|
| Sustainability Appraisal | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

| | |
|------------------------------------|--------------------------|
| Habitat Regs Assessment | <input type="checkbox"/> |
|------------------------------------|--------------------------|

4. Topic. *Please identify the broad topic for your comment, eg housing. A list of topics can be found in the guidance note.*

| | |
|-------|----------------------|
| Topic | <input type="text"/> |
|-------|----------------------|

5. Comment – *Please add your comment on the Local Plan in the box below. Where possible, identify the aspect/policy/site that your comment relates to. If you need additional space, please use the continuation sheet on the next page.*

(Continue on separate page/expand box if necessary)

6. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? *Please tick appropriate box*

NO, I do not wish to participate at the oral examination

YES, I wish to participate at the oral examination

7. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

(Continue on separate page/expand box if necessary)

Please note: *the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the examination.*

Signature:

Date: