

**LOCAL DEVELOPMENT FRAMEWORK  
GENERAL COMMENTS FORM**

Notes for making representations about LDF documents

1. **Comments can be made online at <http://consult.wakefield.gov.uk> or on this form**
2. **Please use a separate form for each comment you make**
3. Please use capital letters and black ink when completing paper copies of the form
4. Further copies of this form can be downloaded from the Council's website at [www.wakefield.gov.uk/ldf](http://www.wakefield.gov.uk/ldf)
5. You may be contacted at a later date to discuss your comments in more detail
6. Completed forms should be returned
  - by via email to [ldf@wakefield.gov.uk](mailto:ldf@wakefield.gov.uk)
  - or by post to:

Wakefield Metropolitan District Council  
Planning and Property Services  
Spatial Policy Group  
PO Box 92  
Newton Bar  
Wakefield  
WF1 1XS

- Or by fax on 01924 306660

**Representations must be submitted by 5.00 pm on Thursday 28<sup>th</sup> February 2008. Late representations will not be considered.**

Data Protection Statement: The information collected will be processed by the City of Wakefield Metropolitan District Council in accordance with the Data Protection Act 1998. Copies of representations will be made available for public inspection, and cannot be treated as confidential. They will be saved on the LDF database and made available to view on the Council's website.

**LOCAL DEVELOPMENT FRAMEWORK  
GENERAL COMMENTS FORM**

*Personal Details*

Title	
Name	
Address	
Town	
Postcode	
Telephone No.	
Email address	
Organisation <i>(if representing one)</i>	

*Agent Details (if applicable)*

Title	
Name	
Organisation	
Address	
Town	
Postcode	
Telephone No.	
Email address	

*Please tick the box if you wish to be kept informed about future stages of the Local Development Framework*

<i>Which document you are commenting on: (please tick appropriate box)</i>	
<input type="checkbox"/>	Sustainability Appraisal of the Core Strategy and Development Policies Development Plan Documents
<input type="checkbox"/>	Draft Developer Contributions Supplementary Planning Document
<input type="checkbox"/>	Sustainability Appraisal of the Draft Developer Contributions SPD
<i>Please give details of the section you are commenting on:</i>	
<b>Note: You must complete a separate form for each paragraph or policy you are commenting on.</b>	
Section Title:	
Paragraph/Policy No:	Page No:

<i>Are you either: (please tick appropriate box)</i>	
<input type="checkbox"/>	Supporting the document
<input type="checkbox"/>	Objecting to the document

<i>Please give your comments below:</i>	
<b>Note: Your representation should cover all the information and evidence necessary to support or justify your representation and suggested change(s). Please be as precise as possible. Continue on a separate sheet of paper if necessary.</b>	

*Comments continued:*

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*Please sign and date the form*

Signature:

Date:

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*Reference: (for internal use only)*

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## MONITORING INFORMATION

To help us ensure the consultation we undertake is relevant and meets your needs and that we are reaching all sections of the community we would like you to take a few minutes to answer the following questions and provide some details about yourself. This information will be used for monitoring purposes only and is confidential. **It will not be available for public inspection with the representations forms.**

*Please return a single copy of this form with your representations form(s)*

Please tick the appropriate boxes:

Are the consultation documents clear and easy to understand?

Yes  No

Are the consultation forms clear and easy to use?

Yes  No

How did you obtain or view the LDF document(s)?

- Council website
- At a library
- At a Council office
- Received documents in the post
- Other (please specify) \_\_\_\_\_

Have you any comments about how we can improve the documents or consultations in the future?

Your gender:      Male            Female     

Your age:

<input type="checkbox"/>	16 or under
<input type="checkbox"/>	17 - 24
<input type="checkbox"/>	25 - 39
<input type="checkbox"/>	40 - 65
<input type="checkbox"/>	66 and over

Do you consider yourself to be disabled?      Yes            No     

Please tick the appropriate box to indicate your ethnic origin:

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background      (Please specify) \_\_\_\_\_

**Black or Black African**

- Caribbean
- African
- Any other African Background      (Please specify) \_\_\_\_\_

**Chinese or Other Ethnic Groups**

- Chinese
- Any other Ethnic Background      (Please specify) \_\_\_\_\_

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed Background      (Please specify) \_\_\_\_\_

**White**

- British
- Irish
- Any other White Background      (Please specify) \_\_\_\_\_