# Odiham and North Warnborough

# Neighbourhood Plan 2014-2032

**Representation Form**

Copies of the Odiham and North Warnborough Neighbourhood Plan and supporting documents are available on [Hart District Council’s website](http://www.hart.gov.uk/odiham-north-warnborough-neighbourhood-plan). Paper copies are available at the locations listed on the website.

**Comments must be received by 4pm Monday 16 September**

**You can send your comments by:**

* filling in this form and emailing it to: neighbourhoodplanning@hart.gov.uk
* printing this form and posting it to us at:

Planning Policy Team

Hart District Council,

Harlington Way

Fleet,

Hampshire, GU51 4AE

We cannot accept anonymous comments and will publish all comments on our website with your name and organisation (where applicable). If Odiham Parish Council, who prepared the plan, request a copy, we will send a redacted version showing only your name and comments.

We will send the neighbourhood plan examiner a full copy of your comments and details. The examiner will retain the data until we have made the relevant statutory decisions on whether to adopt the plan and the deadline for a Judicial Review has passed, which is six weeks after the decision notice has been published.

For further details on: how your information is used; how we maintain the security of your information; your rights, including how to access information we hold on you; and how to complain if you have concerns about how your personal details are processed, please see [Hart's Privacy Notice](http://www.hart.gov.uk/privacy).

If you would like to be notified of Hart District Council's decision whether to 'make' the Plan (to bring it into legal force), please mark the box below.

Yes, please notify me ☐

If you would like to opt out of this decision at any time, please email neighbourhoodplanning@hart.gov.uk

## PART A: Details of the individual or organisation making the representation

|  |  |  |
| --- | --- | --- |
|  | **Your details** | **Agents details (if applicable)** |
| **Full name** |  |  |
| **Address** |  |  |
| **Postcode** |  |  |
| **Email** |  |  |
| **Organisation (if applicable)** |  |  |

## PART B: Your representation

**To which part of the Neighbourhood Plan does your representation relate?**

**Whole document?** Yes/no

**Paragraph number:**

**Policy reference:**

**Do you support, oppose, or wish to comment on this policy/paragraph?**

(Please tick one answer)

Support ☐ Support with modifications ☐ Oppose ☐ Have Comments ☐

**Please give details of your reasons for support/objection, or make other comments in the space below, including any specific changes you wish to see to the Plan. Please be as precise as possible and use a new form for comments on different policies/parts of the Plan. Please do not include any personal information in your answer below.**

**Representation:**