RECEIVED

Part A - Personal Details

Your Personal Details

Please enter your details as appropriate below. Please note your full name and address must be provided as a minimum. Please see page 1 for details on how we use your data.

Title:	MR		
First name:	STEPHEN		
Last name:	SCHLICH		
Job Title (where relevant):			
Address:	5 HELLINGS BROADCLIST		<u>,p.</u>
Postcode:	EX 5 30%	A. A	
Telephone number:			
Email address:			
full contact details of the age contact for any corresponde	ease fill in your title, name and ent below. Where applicable, a nce.	organisation above and agent will be the poi	id the nt of
Title:			····
First name:			
Last name:			
Job Title (where relevant):			
Address:			
Postcode:			
Telephone number:			
Email address:			

Part B - Representation Details

Enter Your Name/Organisation in the box below (Please state this on each sheet):

STEPHEN SCHLICH

Question 1

To which section of the Neighbourhood Plan does this representation relate?

Please state in the box below, the point of reference for your representation (this means the policy, paragraph number or other reference as appropriate)

POLICY TZ Pedestrande Cycle Bridge over the Waberla Pailvay Fire 5

Question 2

Please use the box below to explain why you are supporting or objecting to this part of the plan. If your comment relates to a specific area of land or site please identify it on a map if possible. Continue on a separate sheet if necessary.

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Enter Your Name/Organisation in the box below (Please state this on each sheet):

STAPPEN SCHLICH Question \$ 2 Continued.

Please use the box below to say what changes you would suggest should be made to the plan?

It will be helpful if you are able to put forward your suggested revised wording of any policy or text or suggested alternative policy boundary as appropriate. Please be as precise as possible and continue on a separate sheet if necessary.

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Enter Your Name/Organisatior	in the	box below	(Please	state t	his on	each	sheet):
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Question 4

If your representation is seeking a change to the Plan, do you consider it necessary to speak at the examination?

Please note if you select 'No' your representation(s) will still be fully considered by the independent Planning Inspector by way of written representations.

Please select as appropriate:

No, I do not wish to speak at the examination
Yes, I wish to speak at the examination

If you have answered yes above and wish to speak at the examination, please outline in the box below why you consider this to be necessary:

 you consider if	 	

Please note this will not be regarded as a binding decision but will help us in our planning of the examination. The Inspector will ultimately determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in the examination. If the Examiner does not consider it necessary to hold a public examination, consideration will be given by way of written representations.

Future Correspondence

Please indicate by selecting yes or no as appropriate, whether you wish to be notified of:

- The publication of the recommendations of any person appointed to carry out an independent examination of the Broadclyst Neighbourhood Plan? Y N
- 2. The adoption of the Broadclyst Neighbourhood Plan? YO N

Enter Your Name/Organisation in the box below	(Please state this on each sheet)
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STEPHEN	SOLLICE
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Signature

Please sign and date your form in the box below.

Please note a signature is required by the Planning Inspectorate. If filling in the form electronically it can be an 'electronic signature' by typing in your name in the box. If you provide a handwritten signature we will ensure that it is not published on-line but it will be visible on the paper copies available at our offices and sent to the Inspector.

Signature:		and a second	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
Date:	Ş	Angust	2.622	