

Representation Form

Southend Central Area Action Plan (SCAAP) Schedule of Modifications

Completing this Response Form

If you have access to the internet, please use our online consultation system at the following address <http://southend.jdi-consult.net/ldf>. If you do not have access to the internet please use this form to submit comments regarding the SCAAP Schedule of Modifications, as issued by Southend-on-Sea Borough Council. Please use a separate form for each Modification you wish to comment on. Forms must be returned to the **Business Intelligence Officer, Department for Place, Southend-on-Sea Borough Council, PO Box 5557, Civic Centre, Victoria Avenue, Southend-on-Sea SS2 6ZF** or email ldf@southend.gov.uk.

We are legally required to publish comments received as part of the consultation for public inspection and keep these records on our files for the purpose of the Local Plan. By submitting, you consent to your information being disclosed to third parties for this purpose.

Part A

Personal Details - if an agent is appointed, please only complete Title, Name & Organisation boxes below but complete the full contact details of the agent.

Agent Details (if applicable)

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Job Title*	<input type="text"/>	<input type="text"/>
Organisation	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Address line 2	<input type="text"/>	<input type="text"/>
Address line 3	<input type="text"/>	<input type="text"/>
Address line 4	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone No	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

Part B - Please use a separate sheet for each representation outlining the relevant modification.

1. Which modification do you wish to comment on?

Main Modification

Minor Modification

2. Do you wish to ?

please select one box as appropriate

Support* Object* Comment*

3. Please use this section and an A4 continuation sheet if necessary to submit your comments. State fully and clearly the reasons you are objecting or supporting this modification including what change(s) you consider necessary to resolve the issue raised.

*Signature

Date

***Electronic Signature Agreement. By putting an 'tick' in the box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.**

Forms must be returned by 5pm on Friday 22nd September 2017

Data Protection Act 1998

Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you. We only use personal information you supply to us for the reason that you provided. All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality.

Please note: All representations will be published on our website excluding address, telephone number and email address.