# West Thornton Area Consultation – QUESTIONNAIRE

**Please ensure you complete this questionnaire and return it in the attached pre-paid envelope to reach us by Friday, 6 November 2026**

**Name***……

**Address*** ……

** Your name and address are required so that the Council can confirm that the response is from an address within the consultation area and ensure that only one response per household or business is included in the results. Your personal information will be handled in accordance with the Council's relevant privacy notice.*

**Do you support the introduction of a Controlled Parking Zone in your road, based on proposed operating hours of 9am to 5pm, Monday to Saturday, with shared-use permit and cashless payment parking bays?**

Please choose **one** option only by putting an 'X' in the appropriate box.

**Yes,** I support the proposed controlled parking arrangements ☐

**No,** I do not support the proposed controlled parking arrangements ☐

**Optional: Please explain the reasons for your answer and tell us whether you have any comments about the proposed hours, the consultation boundary or how the scheme may affect you:**

*The results of the consultation will be presented in a delegated decision report which will be available for viewing in December – please use QR code on letter or contact parking.design@croydon.gov.uk*