|  |  |
| --- | --- |
| **Name of the Local Plan to which this representation relates:** | **Shropshire Local Plan** |
|  |  |
| **Please return to:** | **Shropshire Council, Planning Policy & Strategy Team, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND** |
|  |
| **Please return by:** | **5:00pm on Friday 26th February 2021 (period extended)** |
| *This Representation Form is adapted from the Planning Inspectorate’s model form. It consists of two parts:****Part A Representation Form*** *- Personal details: need only be completed once (this part).****Part B Representation Form*** *- Your representation(s): please fill in a separate Part B Representation Form for each representation you wish to make, relating it to the relevant paragraph, policy (including its explanation), site or policies map.***Part A: Personal Details** |
|  | 1. **Personal Details\***
 |  | **2. Agent’s Details (if applicable)\*** |
|  | **\**If an agent is appointed, please provide client Title, First Name, Last Name, Organisation (if applicable) and Post Town in column 1 and provide full contact details for the agent in column 2.*** |
| **Title** |   |  |   |
|  |  |
| **First Name** |   |  |   |
|  |  |
| **Last Name** |   |  |   |
|  |  |
| **Post Town**  |   |  |   |
|  |  |
| **Organisation****(where relevant)** |   |  |   |
|  |  |
| Job Title (where relevant) |   |  |   |
|  |  |
| Address Line 1 |   |  |   |
|  |  |
| Address Line 2 |   |  |   |
|  |  |
| Address Line 3 |   |  |   |
|  |  |
| Post Code |   |  |   |
|  |  |
| Telephone Number |   |  |   |
|  |  |  |  |
| E-mail Address(where relevant) |   |  |   |

*Please complete a separate* ***Part B Representation Form*** *for each representation that you would like to make.*

*Please Note: We cannot accept anonymous representations. You must provide your name and contact details. Your personal data will be processed in line with our*[***Planning Policy Privacy Notice***](https://shropshire.gov.uk/media/13611/planning-privacy-notice.pdf)***.***