



**SHEARSBY NEIGHBOURHOOD PLAN
EXAMINATION VERSION**

REPRESENTATION FORM

Please remember that the Examiner is only testing whether the Neighbourhood Plan meets the **basic conditions** and other relevant **legal requirements** set out in the Localism Act. The Examiner is **not** testing the soundness of the plan or looking at other material considerations.

Respondents should also note that all representations will be available to view by the public and sent to the Examiner for consideration. The Examiner will determine whether an oral hearing is necessary.

Please return by 23rd May 2018

By e-mail to: shearsbypn@harborough.gov.uk

By post to: Planning Policy, Harborough District Council, The Symington Building, Adam and Eve Street LE16 7AG

This form has two parts:

- **Part A** – Personal Details which must be completed for your representation to be considered.
- **Part B** – Your representation(s). Please make it clear to which part of the Neighbourhood Plan each of your comments refers.

PART A: Personal Details

	Personal Details	Agent Details (if applicable)
Title		
First Name		
Last Name		
Job Title (where relevant)		
Organisation (where relevant)		
Address		
Post Code		
Telephone Number		
Email address		

PART B: Representation

Please make it clear to which part of the Neighbourhood Plan each comment relates.

Please note your representation should cover, as briefly as possible all the information, evidence and supporting information necessary to support/justify the representation.

<p>Comment relates to para/policy/page/map number. <i>(Please specify for each comment)</i></p>	<p>Please include your COMMENTS below.</p>		
<p>Signature <i>(e-signature can be used if e-mailing)</i></p>		<p>Date</p>	
<p><u>N.B.</u> If you would like to be notified of Harborough District Council's decision to 'make' the plan, please tick this box:</p>			