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Bushey CPZ Review Questionnaire

Q1 Please tell us your name and address (personal details will remain confidential and will not be published).

Part 1 – Your Views

Q2 Are you satisfied with the current parking restriction in your road?

Yes ☐ If you have ticked 'Yes' then please go to Part 2 to add any general comments you would like us to consider.

No ☐ If you have ticked 'No' then please use the tick boxes below to explain your reasons for choosing this option.

☐ a) it is difficult to find parking space in my street, or in any street within this Permit Zone

☐ b) I would like to see changes to the layout of yellow lines or parking bays.

☐ c) I would like to see changes to operational hours of parking controls.

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Part 2 – Additional Comments