

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Q1 Please tell us your name and address (personal details will remain confidential and will not be published).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



Part 2 – Additional Comments