

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to cil@bathnes.gov.uk post to PO Box 5006, Bath, BA1 1JG

This form has two main parts:

Part A – Personal Details

Part B – Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

Please note all names and comments will be made publically available.

Part A

* If an agent is appointed, please complete only the Title, Name and Organisation Boxes below but complete the full contact details of the agent

1.	Personal Details*	Agent Details
	Title:	
	First Name:	
	Last Name:	
	Job Title: (where relevant)	
	Organisation: (where relevant)	
	Address Line 1:	
	Address Line 2:	
	Address Line 3:	
	Address Line 4:	
	Postcode:	
	Signature:	Date:

Part B: Representations

Comments:

Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.

If you would like help completing this form or need more copies, please ring the Planning Policy Team on 01225 477548. More information can also be found at www.bathnes.gov.uk/CIL