

**Consultation Response Form:**

Interim Planning Policy Statement: Biodiversity Net Gain

Please return your completed response form to Gedling Borough Council via either:

* E-mail: planningpolicy@gedling.gov.uk; **or**
* Post: Planning Policy, Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU.

**The consultation ends at 5pm on 6th February 2024**

**Guidance Note:**

This response form has two parts:

Part A **–** Contact Details and Future Notification

Please provide your personal contact details. If an agent is appointed to represent you, then provide their full contact details in addition to your Title, Name and Organisation (if applicable). This information is required to enable the Council to contact you for further information if required and to update you on future progress in relation to this document.

Part B **–** Your representations

If your comments relate to a specific page/paragraph of the Interim Planning Policy Statement (IPPS), please specify in the space provided. Please also state if you have included any attachments as part of your comments.

**Data Protection – REVIEW AND SIGN BELOW:**

**Data Protection:** The comments you submit will be used to inform the preparation and adoption of the Interim Planning Policy Statement and will be held for the lifetime of the document. Please note that your comments will not be treated as confidential and will be made available for public inspection. However, contact details will not be made public, with the exception of your name, and will not be passed to external parties without permission. For further information on how we use your personal data please visit [www.gedling.gov.uk/planningpolicy-privacy](http://www.gedling.gov.uk/planningpolicy-privacy).

Signed …………………………………… Date …………………………

**Part A – Contact Details**

|  |  |  |
| --- | --- | --- |
|  | **Personal/ Client Details**  | **Agent’s Details** (if applicable) |
| Title\* |  |  |
| First name\* |  |  |
| Last name\* |  |  |
| Job title |  |  |
| Organisation |  |  |
| Address\* |  |  |
| Postcode\* |  |  |
| Telephone  |  |  |
| Email Address |  |  |

\*These sections must be completed.

**Part B – Representation**

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| --- |
| **Please write your comments in this box:** *(Continue to next page if required)*If your comments relate to a specific page/paragraph of the IPPS, please specify |
|  |