

EB006

Residents' Survey Questionnaire – Autumn 2012

COMMUNITY INFORMATION FORM – LANGFORD & ULTING 2012.

When did you move into the Village?

Is your house:

Freehold	<input type="checkbox"/>	Detached	<input type="checkbox"/>
Leasehold	<input type="checkbox"/>	Semi-detached	<input type="checkbox"/>
Rented	<input type="checkbox"/>	Terraced	<input type="checkbox"/>
		Bungalow	<input type="checkbox"/>

Accommodation: No. of:

reception rooms	<input type="checkbox"/>	bedrooms	<input type="checkbox"/>
bathrooms	<input type="checkbox"/>	kitchen	<input type="checkbox"/>
utility room	<input type="checkbox"/>	other (specify)	<input type="checkbox"/>

How many cars permanently at the house?

Garage provision: single double other

Parking provision: off road roadside

Services:

Water supplier:

Electricity supplier:

Mains Gas supplier:

Non-mains gas supplier:

Oil:

Sewerage: Mains Cesspit Septic tank

Internet: What internet connection do you have?

Dial up Dongle

Broadband None

Fibre Optic If you have b/and what speed do you get?

Who is your provider?

Occupancy: No. of people resident in house

0 - 4 yrs	<input type="checkbox"/>	pre-school	Transport to/from
4 - 7 yrs	<input type="checkbox"/>	infant school
7 - 11 yrs	<input type="checkbox"/>	junior school
11 - 16 yrs	<input type="checkbox"/>	senior school
16 - 18 yrs	<input type="checkbox"/>	6 th form/college
18 - 21 yrs	<input type="checkbox"/>	further/higher education

Working practice:

Age Range	No. in house	Do you work Locally?	If not, where do you work?	How do you travel to work?
16 - 21				
21 - 30				
31 - 40				
41 - 50				
51 - 60				
61 - 70				
71+				

Which medical practice do you attend?

Shopping:

Where do you do your MAIN food shopping?

Do you use the Langford Village shop? Yes No

General:

Do you or any member of your family belong to any clubs or societies?

Would you specify which ones please.

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Would you be interested in joining a focus group? Yes No

If yes, will you please supply a contact telephone number and your name also what days and time of day would suit you best?

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Name your two best & two worst things about living in the Parish & one thing/amenity you feel would improve/enhance the Parish.

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Thank you very much for taking the time to complete this form, it will help to formulate the Neighbourhood Plan.