



25 November 2010

Public Consultation

Review of existing Finsbury Park Controlled Parking Zones (CPZ)

Dear Resident or Trader,

We would like to hear your views on how Finsbury Park and Finsbury Park 'A' controlled parking zones are working. Your comments and suggestions will help us decide if any modifications are needed. For instance an analysis of the feedback might suggest the need for some revision of operating hours, or perhaps how bays are shared out between residential, business, shared use and 'pay and display'.

Please respond by completing the attached questionnaire and returning it to us in the Freepost envelope. An online version of the questions is also available if preferred. Please note the closing date for return of questionnaires is **Friday 17 December** (one document only per household). Your views will determine the Council's next steps.

Results will be considered at the Council's Cabinet meeting in March 2011. Any changes proposed will then be set out in a 'statutory notification' letter circulated to residents and businesses and offering a further three week period for additional feedback and comments. Only after these have been examined by the Council will a final decision be taken.

If you have any questions or enquiries about the consultation please e-mail us at frontline.consultation@haringey.gov.uk or telephone **Greville Percival** on **020 8489 1326**. If you have any queries about the project please contact our Project Engineer **Vincent Adenowo** on **020 8489 5143**.

Yours faithfully,

Joan Hancox
Head of Sustainable Transport

Shqip



Duam të dimë pikëpamjet tuaja se si funksionojnë zonat e parkimit Finsbury Park dhe Finsbury Park 'A'. Komentet dhe sugjerimet tuaja do të na ndihmojnë në vendimin nëse duhet bërë ndonjë modifikim. Për një kopje në gjuhën tuaj, ju lutem plotësoni dhe në e postoni formularin në adresën e mëposhtme me postim falas.

Polski



Chcielibyśmy poznać opinie mieszkańców na temat funkcjonowania strefy kontrolowanego parkowania Finsbury Park i Finsbury Park 'A'. Wasze komentarze i sugestie pozwolą nam zdecydować, czy istnieje potrzeba wprowadzenia tam ewentualnych zmian. Aby otrzymać kopię ankiety w języku polskim należy wypełnić formularz i odesłać go bezpłatnie na podany poniżej adres.

Français



Nous souhaitons connaître vos opinions sur le succès des zones de stationnement contrôlé de Finsbury Park et Finsbury Park « A ». Vos commentaires et suggestions nous aideront à décider si des modifications sont nécessaires. Pour en recevoir un exemplaire dans votre langue, veuillez compléter et renvoyer le formulaire à l'adresse en port payé ci-dessous.

Soomaali



Waxaanu jeclaan lahayn inaanu helno ra'yigaaga ku saabsan sida ay u shaqaynayaan madaqadda baarkinka xadaysan ee Finsbury Park iyo Finsbury Park 'A'. Faaladaada iyo ra'yiguba waxay naga caawinayaan inaanu go'aan ka gaadhno haddii loo baahanyahay in wax laga beddelo. Si aad u hesho koobbi ku qoran luqaddaada, fadlan buuxi foomka oo ku soo celi cinwaanka boostadu lacag la'aanta yahay ee hoose.

Kurdî Kurmancî



Em dixwazin li ser ku Finsbury Park û herêma kontrolkirî ya 'A' ya Finsbury Park bi çî awayî kar dike, nêrînên we bibihîsin. Nêrîn û pêşniyarên we yê ji bo biryara li ser guherînên pêwîst, ji me re bibin alîkar. Heke hun kopîyeke bi zimanê xwe dixwazin, ji kerema xwe formê tije bikin û ji navnîşana posta bêpere ya jêrîn re bişînin.

Türkçe



Finsbury Park ve Finsbury Park 'A' kontrollü park bölgesi uygulamasının gidişatı konusunda görüşlerinizi öğrenmek istiyoruz. Görüş ve önerileriniz herhangi bir değişiklik yapma gereği olup olmadığına karar vermemizde bize yardımcı olacaktır. Belgenin Türkçe kopyasını edinmek için lütfen bu formu doldurup aşağıdaki ücretsiz posta adresine gönderin.

Please tell us if you would like a copy of this document in another language that is not listed above or in any of the following formats, and send the form to the Freepost address below.

In large print

On audio tape

In Braille



In another language, please state:



Name:

Tel:

Address:

Email:

Please return to: Freepost RLXS-XZGT-UGRJ, Haringey Council, Translation and Interpretation Services, 8th Floor, River Park House, 225 High Road, London N22 8HQ

Review of existing Finsbury Park Controlled Parking Zones (CPZ)

Questionnaire

Review of Finsbury Park Controlled Parking Zones

Please note that personal details will remain confidential and unattributable, but in order to analyse data by street, we do need the name of your street and house number so that we know which part of the road you live in.

1 Your Name (optional), or Company/business name if applicable

2 Please indicate your house number and street name

3 Please indicate which of the existing controlled parking zones your street is in

Finsbury Park

Finsbury Park 'A'

Don't know

4 Please say how many vehicles are used (parked here) by you and/or your household (write total number in the box)

5 If you have off-street parking such as a driveway or hard standing area; please tell us how many spaces you have

One off-road space

Two off-road spaces

Three or more off-road spaces

No off-road spaces / not applicable

6 Are you generally satisfied with the hours of operation of the CPZ ? (if yes, please skip the next question)

Yes

No

7 If you are not satisfied with operational hours, what would you prefer?

All day (suggest times below)

Two hours per day

All day and evenings

Other (please write in box below)

8 Are you satisfied with the days of operation in the CPZ?

Yes

No

9 If you are not satisfied, which days would you like the CPZ to operate?

Monday - Friday

Monday - Saturday

Monday - Sunday (all week)

10 Have you found the existing parking controls to be helpful in reducing parking congestion in your road?

Yes No

If you answered 'no' please give more details:

11 If applicable in your road; what do you think about the match day controls that operate in your area

OK as they are Needs to operate for a longer time
Needs to operate for a shorter time No controls needed

12 Are you satisfied with the number of bays/spaces available for each of the following:

Residents Yes No
Businesses Yes No
Pay and Display Yes No
Shared use bays (residents/business) Yes No

If you're not satisfied please give details

13 Are you satisfied in general with. . .

The way the CPZ is enforced / patrolled Yes No Don't know / N/A
Arrangements for and ease of buying permits Yes No Don't know / N/A

If not satisfied please give details

14 How much do you think the CPZ has improved safety (and visibility) for pedestrians – including children and elderly people

For pedestrians (incl. children and elderly people)

A great improvement Some improvement No improvement

For motorists

A great improvement Some improvement No improvement

Equal Opportunities Monitoring Form

To make sure we are taking into account the needs of all sections of the community, please answer the following questions about yourself.

What is your age group?

Under 25 25 – 34 35 – 44 45 – 54
55 - 64 65 – 74 75 – 84 85 and over

What is your gender?

Male Female

Do you consider yourself to be a disabled person?

Yes No

What is your ethnic group? (Please tick one box from the appropriate section)

White

British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Greek/Cypriot	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	Turkish/Cypriot	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Other			

Mixed

White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian			
Other			

Asian or Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	East African Asian	<input type="checkbox"/>
Other			

Black or Black British

Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Chinese or other ethnic group

Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you have a religion or belief that you would like to mention, please tick the appropriate box.

No Religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
Other	<input type="checkbox"/>		

How would you describe your sexual orientation?

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>

Thank you for completing these equalities monitoring questions.

