

Part A

Please complete one part A form

In what context are you responding?

Tick as applicable

Agent

Individual

Organisation
(please specify)

Please complete your details - remember to include your name and either postal or email address to have your response considered.

Name*	
Organisation	
Address line 1*	
Address line 2	
Address line 3	
Town	
Postcode*	
Email address*	

Clients details if applicable:

Name*	
Organisation	
Address line 1*	
Address line 2	
Address line 3	
Town	
Postcode*	
Email address*	

**essential fields*

Group Representations

If your representation is on behalf of a group, ensure the lead representative completes the contact details box above. Also, please state here how many people support the representation.

Please tick the box if you would like to be notified of future progress and consultation on the Dorset Council Local Plan.