

## Newmarket On-Street Parking Issues

Name:

.....

Address:

.....

If you do not wish to provide your name and address it would be very helpful if you could state the road you live in

1. How many cars or motor vehicles are used by your household?

none  one  two

three  three +

2. Do you have any off-street parking facilities?

*(e.g. drive, garage, car-port or use of other parking facilities close-by)*

Yes  No

If yes, how many off-street spaces do you have access to? .....

3a. Do you have problems parking in the street ?

*(not necessarily outside your house, but within a reasonable distance)*

Yes  No

3b. If you have answered yes to Question 3a, please could you indicate the days of the week and, if relevant, the times of the day that you experience parking problems.

Days of the Week

Monday to Friday  weekends

every day  other

If 'other', please give details .....  
.....

Times of Day

at all times  9.am – 5pm  5pm – 9am

lunchtimes  evenings  other

If 'other', please give details .....  
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Do you have any other comments you would like to add?

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*Thank you for taking the time to complete this questionnaire*

Please could you return this questionnaire within the pre-paid envelope provided:

(Scheme Delivery, Phoenix House, 3 Goddard Road, Ipswich, Suffolk IP1 5NP)

Please direct any further enquiries to [schemes@suffolkhighways.co.uk](mailto:schemes@suffolkhighways.co.uk)