If you are completing a paper copy of this form please use CAPITALS and BLACK INK.

Your details	Your Agent's details (if you have one)	
Organisation: INDIVIDUAL	Organisation:	
Name: PETE LANGASTER	Name:	
Address	Address:	
Postcode	Postcode:	
Tel: OI	Tel:	
*Email. (*Email:	

*We aim to minimise the amount of paper printed and sent out. Therefore, where an email address is supplied, future contact will be made electronically.

This response contains 5	pages including this one.

Please tick the box if you would like us to notify you when the Land Allocations
Development Plan Document is submitted to the Secretary of State for independent
examination and when it is adopted by the Council.

	to comment on?	
Settlement (e.g. Natland)		Site reference number (e.g. RN298#)
Kendal NE		R124#
	whether you support, support the Land Allocations docume	t in part or oppose the suggestion that ent (please tick as appropriate)
Support	Support in part	Oppose 🗹
Please explain your readoox if necessary)	asons/add your comments be	low (continue on a separate sheet/expand
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Support [Support in part	Oppose 🛮	
Please explain your rebox if necessary)	easons/add your comments below	v (continue on a separate sheet/ex	фа

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Please explain your reasons/add your comments below (continue on a separate sheet/expand box if necessary)				

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