

South Oxfordshire Local Plan 2034

Page 3: Part A - contact details

Q1. Are you responding as an:

Individual

Page 4: Individual contact details

Q2. Due to the plan-making process including an independent examination, a name and means of contact is required for your comments to be considered:

Title	Miss
Full name	gina cimmermanis
Business / Organisation name (if relevant)	-
Job title (if relevant)	-
Address line 1	██████████
Address line 2	██████████
Address line 3	-
Postal town	████
Postcode	██████
Telephone number	██████████
Email address	████████████████████████████████████████

Page 7: Part B - your comments

Q5. For comments on the Local Plan, please provide the paragraph or policy to which your comments relates. You can view a list of policies here. If you wish to comment on one of the evidence documents or the policies maps, please state the document title as well as the paragraph or policy reference.

Document / Policy / Paragraph: leisure strategy 1-5

Q6. Do you consider the Local Plan and supporting documents:

	Yes	No	Don't know	Not answered (OPTION HIDDEN FROM LIVE SURVEY)
are legally compliant?			X	
are sound?		X		
comply with the Duty to Co-operate?		X		

Q7. Please provide further information in relation to the previous question. e.g. why you do or do not consider the Local Plan to be legally compliant or sound.

we need a indoor pool and other sports as i dont drive i have to take the but to henly, abingdon or else where why should i have to travel out of town to take my children swimming? its about time we had more for our young people to do wallingford is growing fast

Q10. Would you like to participate at the oral part of the examination, which takes place as part of the examination process?

No

Q11. Would you like to comment on another policy or paragraph?

No