**Questionnaire response form**

Thank you for taking the time to complete the following questionnaire. Your views are important to us.

Please review the information on the proposal for the revisions to the one-way system in Welshpool’s town centre, and let us know what your comments are by **3 December 2018**.

Information on the proposals can either be viewed at the drop-in sessions at the Town Hall on the 14 September and 30 October 2018 or on the website <https://beta.gov.wales/a458-welshpool-town-centre-one-way-system>. If you have any queries on the proposals, the project team at the drop-in sessions will be happy to assist.

The questionnaire can be returned in the envelope provided to the FREEPOST address below, or handed to a project team member at the drop-in session, or submitted by email to [**welshpooltowncentre@powys.gov.uk**](mailto:welshpooltowncentre@powys.gov.uk)

**Welshpool One-Way Consultation**

FREEPOST

Welsh Government

Sarn Mynach

Llandudno Junction

Conwy LL31 9RZ

Alternatively, you can fill in an online questionnaire which can be found at the website address above.

|  |  |
| --- | --- |
| Name and / or  Organisation |  |
| Address |  |

**Publication of responses**

|  |  |
| --- | --- |
| If you would prefer your name and address not to be published, please tick here |  |

**1) – How do you use the one-way system? (Select all that are relevant to you).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Resident |  |  | Local Business Owner |  |
| Other Interest, please state |  |  |  |  |

**2) – Which mode of transport do you use when you interact with the one-way system? (Select all that are relevant to you).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pedestrian |  |  | Cyclist |  |  |
| Motorcyclist |  |  | Driver |  |  |
| Other, please specify |  |  |  |  |  |

**3) - Do you feel that there are safety issues with the existing one-way system?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Current one-way on Brook Street |  |  | Yes |  |  |
|  |  |  | No |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Current two traffic lanes on Broad Street |  |  | Yes |  |  |
|  |  |  | No |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Current crossing facilities on Broad Street |  |  | Yes |  |  |
|  |  |  | No |  |  |

If yes please list any safety concerns you have with the existing situation in the box below.

|  |
| --- |
|  |

**4) – If you answered yes to question 3 - how do you think the proposals will affect these concerns? Please select one for each proposal below.**

1. Proposed two-way on Brook Street.
2. Proposed reduction to single lane on Broad Street.
3. Proposed Zebra crossing facility near the town hall.

|  |  |  |  |
| --- | --- | --- | --- |
|  | a) | b) | c) |
| 1 – Improves safety - removes safety concerns. |  |  |  |
| 2 – Slight improvement in safety - partly removes safety concerns. |  |  |  |
| 3 – No change –safety concerns remain unaltered. |  |  |  |
| 4 – Slight decrease in safety – safety concerns made slightly worse. |  |  |  |
| 5 – Decreases safety – safety concerns made worse or others added. |  |  |  |

Please expand on reasons for your selection in the box below.

|  |
| --- |
|  |

**5) - If you have any other suggestions or comments please provide them below.**

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| --- |
|  |

Thank you for taking the time to fill out this questionnaire.