

Walton Street (Oxford) Experimental Low Traffic Neighbourhood Area

Manage Questionnaire

Add a [question](#) or [text/image](#) or [page break](#)

One.

Please select ONE of the following that best describes the capacity you are completing the questionnaire in.

You must provide an answer to this question.

- ☐ As an individual
- ☐ As a business
- ☐ As part of a group/organisation
- ☐ Rather not say

[Modify](#)[Preview](#)[Routing](#)[Copy](#)[Delete](#)

Add a [question](#) or [text/image](#) or [page break](#)

Two.

Please enter the name of the town only, where you currently live or the business/group you are responding on behalf of is based.

You must provide an answer to this question.

[Modify](#)[Preview](#)[Routing](#)[Copy](#)[Delete](#)

Add a [question](#) or [text/image](#) or [page break](#)

Three.

Please enter the **name** of the street only (i.e. do not include the number or postcode), where you currently live or the business/group you are responding on behalf of is based.

You must provide an answer to this question.

[Modify](#)[Preview](#)[Routing](#)[Copy](#)[Delete](#)

Add a [question](#) or [text/image](#) or [page break](#)

Four.

Please select ONE of the following that best describes your opinion of the proposed **Experimental Road Closure** on Walton Street in Oxford.

You must provide an answer to this question.

- ☐ Support
- ☐ Object
- ☐ Neither

Please enter any additional comments

[Modify](#)[Preview](#)[Routing](#)[Copy](#)[Delete](#)

Add a [question](#) or [text/image](#) or [page break](#)

Five.

Are you happy to be contacted via the email address you have supplied to be kept informed about this consultation ?

(view the County Councils [privacy notice](#) to understand how and why information about you will be used by Oxfordshire County Council.)

You must provide an answer to this question.

☐ Yes

☐ No

[Modify](#)[Preview](#)[Routing](#)[Copy](#)[Delete](#)

Add a [question](#) or [text/image](#) or [page break](#) here.