

## Preferred Options Paper Representation Form

Ref:
Date Received:
(For official use only)

This form can be used to submit your representation to the Preferred Options Paper. Representations can also be made in writing or via email to the address detailed at the end of this form.

SECTION A	<u>.</u>	
1. Personal	Details	2. Agent Details (if applicable)
Title		
First Name		
Last Name		
Job Title (where relevan	nt)	
Organisation (where relevan		
Address Lin	e 1	
Line 2		
Line 3		
Line 4		
Post Code		
Telephone I	Number	
E-mail Addr	ess	
	ents should be set out in full. Th	nis will help the Council understand on of the Local Development Plan.
2. To which	ch part of the POP does your repre	esentation relate?
(i)	Page Number (s)	
(ii)	Subject (s)	
(iii)	Policy Ref (s)	
(iv)	Map Name (s)	

		(Continue on a se	eparate sheet if necessary)				
Signature:		Date:					
You are encouraged to provide your comments via email to the following email address: <u>DevelopmentPlan@midulstercouncil.org</u>							
Or to the following postal address: Dr Chris Boomer Mid Ulster Area Planning Manager							
Magherafelt C 50 Ballyronan Magherafelt	Council Office						
Co L Derry BT45 6EN							

CLOSING DATE FOR REPRESNATIONS NO LATER THAN 5.00pm ON FRIDAY  $27^{\text{TH}}$  JANUARY 2017