



To the Resident/Occupier

Dear Occupier,

RE: Parking in Hatfield Central and East Wards

You may or may not be aware, that Hatfield Central and Hatfield East wards are on the council's parking programme for this financial year, 2014-15. Before we begin looking in more detail at the whole issue of parking in these areas, we would please like feedback from you to help us.

We hope lots of people will want to have their say, so please make sure you are one of them.

We have already carried out a parking study, which covered the whole of Hatfield, in February 2012. This study monitored the number of vehicles parked in each road and the length of time each vehicle was parked.

Some of the data from this study has already been used to consult with businesses on parking in the town centre. This resulted in a mixture of restrictions being introduced in four of the five car parks in the town centre, with the aim of increasing parking availability for customers coming to use shops.

While the information gathered in the original parking study is useful, it does not provide us with full information about the issues facing residents and businesses on a daily basis. That is why we are now beginning this consultation with residents and businesses.

Enclosed is a parking questionnaire for you to complete. It asks a range of questions, the answers of which will help us start designing possible schemes which could address some of those issues.

Please take this opportunity to return the completed questionnaire in the pre-paid envelope provided by the 8 September 2014, even if you have reported problems to Parking Services in the past. If you need more space, feel free to use additional paper.

If it's easier for you, an electronic version of the questionnaire will be available at: www.surveymonkey.com/s/parkingjuly2014

We realise that you may have further questions, or want to discuss things with us before completing the questionnaire. That is why a member of the Parking Services Team will be available at the Hatfield Hub in the town centre between 10am – 12noon on the following Fridays:

- 1 August
- 8 August
- 15 August
- 22 August

Please be assured that any proposed schemes will need to go through a further full and formal consultation process with affected residents and businesses before any parking changes are introduced.

To help you keep track of the process there is a dedicated page on our website at www.welhat.gov.uk/hatfieldparking

Yours faithfully

A handwritten signature in black ink, appearing to read 'Vikki Hatfield', with a stylized flourish at the end.

Vikki Hatfield
Parking Services Team Leader

Parking Questionnaire

Section 1 Personal Information

In an effort to understand your parking needs and get as clear a picture as possible, please could you tell us where you live. If you do not want to tell us your full name, **please ensure you give us your address and or post code** – without it we won't know where the problems may be.

Please Note that under the provisions of the Freedom of Information Act 2000, the Council may be obliged to disclose any information that it holds if a request is made for that information, unless it is covered by an exemption under the Act. This means that this information can not be held confidentially and may be disclosed to any person. If you do not wish your personal data (such as your name and address) to be disclosed, please tick the box below.

I do not wish my personal data to be disclosed

Please complete all fields in block capital letters

Name	
Address	
	Post Code

Email

Section 2 General Information

Please answer by ticking the relevant boxes and following the instructions where appropriate. You may need to tick more than one box for each question.

Q1 Is this property your:

Home Business Both Other

If 'other' please specify:

Q2 How many vehicles are there in the above property?

None One Two Three

If more please specify:

Q3 How many of these are parked on the street?

None One Two Three

If more please specify:

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Q4a Do you have access to off street parking facilities?

Yes No *(If no, please go to question 5)*

Q4b Is this facility in the form of a driveway, garage or allocated parking space?

Driveway Garage Allocated parking space

If you have ticked yes to any of the above, please could state whether this/these are within the boundaries of the property

Q4c How many of your vehicles park in this/these areas?

None One Two Three

If more please specify:

Q5 Are you a registered Blue Badge holder?

Yes No

Section 3 Parking Issues

Q6 Are you happy with the current parking situation in your road?

Yes No *(If yes, please go to question 15)*

Q7 Would you like parking issues in your road to be investigated further?

Yes No

Please give details (whether you have responded either yes or no)

Q8a Do you regularly find it difficult to find a space to park in your road?

Yes No *(If no, please go to question 9a)*

Q8b If yes, at what times do these problems occur? (Please tick all boxes that apply)

	Morning	Afternoon	Evening	Night
(i) Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q9a Do you ever have to park in neighbouring roads because there is no space in your own road?

- Yes No (If no, please go to question 10a)

Q9b If yes, at what times do these problems occur? (Please tick all boxes that apply)

	Morning	Afternoon	Evening	Night
(i) Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10a Do you find vehicles are parked obstructively, unfairly and/or inconsiderately in your road?

- Yes No (If no, please go to question 11a)

Q10b If yes, please give details (tick all boxes that apply).

- | | |
|---|--|
| <input type="checkbox"/> Footway parking | <input type="checkbox"/> Obstructions to access/driveway |
| <input type="checkbox"/> Double parking | <input type="checkbox"/> Vehicles not parking parallel to the kerb |
| <input type="checkbox"/> Vehicles left for long periods of time | <input type="checkbox"/> Taking up more space than necessary |
| <input type="checkbox"/> Obstructed sightlines | <input type="checkbox"/> Obstructions to through traffic |
| <input type="checkbox"/> Inconsiderate residents/visitors | <input type="checkbox"/> Inconsiderate businesses/customers |
| <input type="checkbox"/> Other (please write below) | |

Q10c If yes, at what times do these problems occur? (Please tick all boxes that apply)

	Morning	Afternoon	Evening	Night
(i) Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11a Do you find it difficult to turn at junctions in your road due to parked vehicles?

- Yes No (If no, please go to question 12a)

Q11b If yes, please specify the road names of the junction (eg; Nash Close with Holloways Lane)

Q12a Do parked vehicles in your road cause you problems as a pedestrian or non motorist (i.e. as a cyclist etc)?

- Yes No (If no, please go to question 13a)

Q12b If yes, please give details (tick all boxes that apply).

- | | |
|---|--|
| <input type="checkbox"/> Obstructed junctions | <input type="checkbox"/> Obstructed pedestrian crossing |
| <input type="checkbox"/> Footway parking | <input type="checkbox"/> Problems for pushchairs/wheelchairs |
| <input type="checkbox"/> Inconsiderate parking | <input type="checkbox"/> Heavy parking causing obstructions |
| <input type="checkbox"/> Obstructions to bus stops | <input type="checkbox"/> Dangerous for cyclists |
| <input type="checkbox"/> Other (please write below) | |

Q13a Do your visitors have problems finding a parking space in your road?

- Yes No (If no, please go to question 14a)

Q13b If yes, please give details (tick all boxes that apply).

- | | |
|--|--|
| <input type="checkbox"/> Heavy parking due to residents | <input type="checkbox"/> No parking available for visitors |
| <input type="checkbox"/> Problems due to inconsiderate parking | <input type="checkbox"/> Heavy parking due to non-residents/business users |
| <input type="checkbox"/> Too many parking restrictions in the road or immediate area | <input type="checkbox"/> Problems only during school drop-off and pick-up times |
| <input type="checkbox"/> Other (please write below) | <input type="checkbox"/> Large vehicles/commercial vehicles parked taking up all the space |

Q13c If yes, at what times do these problems occur? (Please tick all boxes that apply)

	Morning	Afternoon	Evening	Night
(i) Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14a When parking, do you experience problems on a regular basis from any outside public or business facility in close proximity to your road? (For example, schools, hospitals/medical centres, parks and recreation centres, public transport services, shops and restaurants, etc)

- Yes No (If no, please go to question 15a)



Q14b If yes, please give details.

Section 4 Parking Overall

Q15 In your opinion, how would you describe the number of parked vehicles in the section of road around your property?

- Very High High Moderate Low Very Low

Q16 Would you like your road to be included as part of a Resident Permit Parking Area?

- Yes No

If you have any further comments and suggestions regarding parking in your road, or you if have any parking issues elsewhere in the area (please use an additional sheet if necessary).



Section 5 Diversity Monitoring

In order to make sure that our service is equally accessible to everyone and to help us understand the different needs of our community we would like to ask some further questions about you.

We also have a statutory requirement to collect information in relation to nine protected characteristics which are included in the **Equality Act 2010**. Therefore we have to ask you some personal questions. For the purposes of this survey we are asking 5 of the protected characteristics included in the Equalities Act 2010.

The information you provide will remain strictly confidential, in accordance with the **Data Protection Act 1998**.

Q17 Are you Male Female

Q18 In which age group do you fall? (Please tick **one** option only)

- 18-24 25-34 35-44 45-54
 55-64 65-74 75+

Q19 What is your ethnic origin? (Please tick **one** option only)

- | | |
|---|---|
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Asian or Asian British – Other |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Black or Black British – Other | <input type="checkbox"/> Mixed – White & Black Caribbean |
| <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> Mixed – Other | <input type="checkbox"/> Other – Chinese |
| <input type="checkbox"/> Other – Any ethnic group | <input type="checkbox"/> White – British |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> White - Greek/Greek Cypriot |
| <input type="checkbox"/> White - Turkish/Turkish Cypriot | <input type="checkbox"/> White - Any other |
| <input type="checkbox"/> Other (Please specify) | |

Q20 Disability

The **Disability Discrimination Act 1995** defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

Do you consider that you have a disability as defined by the Disability Discrimination Act? (Please tick one option only)

- Yes No



Q21 If you have answered 'yes', please select the definition/s from the list below that best describes your disability/disabilities: (tick all that apply)

- Hearing (such as: deaf, partially deaf or hard of hearing)
- Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glass/contact lenses)
- Speech (such as impairments that can cause communication problems)
- Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)
- Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)
- Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)
- Severe disfigurement
- Learning difficulties (such as dyslexia)
- Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)
- Other (Please specify)

Q19 What is your religion or belief (Please tick **one** option only)

- | | | | |
|---|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Atheist | <input type="checkbox"/> Baha'I | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Humanist | <input type="checkbox"/> Jain |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Other religion/belief (Please specify) | | | |





Section 6 The Questionnaire

We have tried to keep this questionnaire as short as possible but at the same time covering most areas of concern that you may have. We have used a layout and questions that we hope have been easy to follow and that will provide us with as much information as possible so we can find out how you feel about parking in your road and area. In order to let us know whether we are achieving this, we would be very grateful if you could please tell us what you thought of this questionnaire.

Do you think the questionnaire has met the criteria mentioned above and enabled you to get your views across?

Yes No

Please comment (whether you have responded either yes or no)

Thank you for taking the time to complete this questionnaire.

Please note that due to the high volume of questionnaires distributed it will not be possible to reply individually.

If you have any queries regarding this questionnaire please contact:

Parking Services,
Welwyn Hatfield Borough Council,
Campus East,
Welwyn Garden City,
AL8 6AE
Tel: 01707 357000
Email: parking@welhat.gov.uk

Putting people first.

**WELWYN
HATFIELD**
BOROUGH COUNCIL

