BELCHFORD AND FULLETBY NEIGHBOURHOOD DEVELOPMENT PLAN

Personal Details	
Title	
First Name	
Surname	
Job Title (where relevant)	
Organisation (where relevant)	
Address	
Telephone Number	
e-mail address (where relevant)	

Notif	fication of Decision
Please indicate if you wish to be notified of East Lindse Planning (General) Regulation 2012.	y District Council's decision under Regulation 19 of the Neighbourhood
Yes, please notify me	
No, I do not wish to be notified	

Comments		
Please make your comments about the Belchford and Fulletby Neighbourhood Development Plan Proposal below.		
Document / Page Number / Paragraph / Policy Number	Comments / suggested modifications	

Continue on additional sheets if necessary		
Signature		
Date		