

# **Alfriston High Street - Traffic Consultation**

#### Your views about our proposal

We would like to hear your views on our proposals to address the on-going traffic issues in Alfriston High Street.

Please return you completed survey by Friday 24 June 2016.

If you would like a copy of this survey in a different format such as large print, Braille or in a different language, please contact us:

Infrastructure.Delivery@eastsussex.gov.uk or telephone 01273 482500.

If you prefer you can complete an online version of the survey at: www.eastsussex.gov.uk/haveyoursay

All responses received will be treated in the strictest confidence.

### Your views about Traffic in Alfriston High Street

Q1 To what extent do you agree with the following statements in relation to traffic in the narrow section of Alfriston High Street between Star Lane and Chestnuts Tea Room.

PLEASE  ✓ ONE BOX FOR EAC	CH ROW					
<del></del>	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
There are traffic related problems in this section of the High Street						
Congestion caused by vehicles trying to pass one another is a problem						
Vehicles mounting the pavement causes problems for pedestrians						
Vehicles mounting the pavement and striking buildings is a problem						
Please use the space below to provide responses (Please continue on a separation of the space of				nments in	support of	your
			-			

## Your views on the potential introduction of traffic signals

As set out in the supporting information, a number of potential schemes have been considered but the County Council is unable to take forward either a one-way option or a shared space scheme. We are therefore seeking your views on the possible introduction of traffic signals in the centre of the village supported by a 20mph speed limit.

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Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Dor
	space to provide ac	dditional comments eet if necessary)	s in support of you	r response or abou	t the proposa
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#### **About You**

It may not seem relevant but this information is useful. We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we need to we ask you these questions.

We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to although it would help us if you do.

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Q4	Please provide y used to identify	-	required for anal	ysis purposes. It will not b	е
Q5	on behalf of a bu  An individual  On behalf of a be	usiness or other commu	ering this questionity group? PL	f these different groups nnaire as an individual or EASE VONE BOX ONLY	
*If res	sponding on behalf of a Business Name:	business, please provide:			
	Address:				
Q6	Are vou? PLE	ASE <b>√</b> ONE BOX ONLY			
	Male	Female		Prefer not to say	
Q7	What is your age	e? PLEASE ✓ ONE BOX	ONLY		
	Under 18	35-44	60-64	Prefer not to sa	ау
	18-24	45-54	65-74		
	25-34	55-59	75+		
cond effec multip	ition that has lasted o t on their ability to car	ry out normal day to day act	nonths; and this co ivities. People with	ndition has a substantial adver	
Q8	Do you consider	yourself to be disabled	? PLEASE ✔ ONI	E BOX ONLY	
	Yes	☐ No		Prefer not to say	

White Irish White Gypsy/Roma Mixed other (please expand) White Gypsy/Roma Asian or Asian British African Caribbean Black or Black British African		If yes to question 8 please tell us about the type of impairment that applies to you.  PLEASE   ALL BOXES THAT APPLY						
Sensory impairment (hearing or sight)  Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epileps  Mental health condition  Learning disability  Prefer not to say  Other* (please expand)  *If Other, please expand  To which of these ethnic groups do you feel you belong? (source: 2011 census)  PLEASE ✓ ONE BOX ONLY  White British  White Irish  White Irish  White Gypsy/Roma  White Gypsy/Roma  White Other (please expand)  White Other (please expand)  White other (please expand)  White other (please expand)  Mixed White and Black  Caribbean  Mixed Sain or Asian British  Indian  Asian or Asian British  Pakistani  Asian or Asian British  Black or Black British  (please expand)  Arab  Chinese  Other ethnic group  (please expand)  Prefer not to say  If Other, please expand								
Long standing illness or health condition, such as cancer, HIV, heart disease, diabetes or epileps   Mental health condition   Learning disability   Prefer not to say   Other* (please expand) *If Other, please expand    To which of these ethnic groups do you feel you belong? (source: 2011 census) PLEASE ✓ ONE BOX ONLY   White British	Sensory impairment (hearing or sight)							
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Do you have any additional comments you would like to make about the consultation?	Caret, product or parts							
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	Do you have any additional	comments you would like to make	ke about the consultation?					
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This is the end of the survey, thank you very much for your time.

Please return your completed questionnaire to us by Friday 24 June 2016 to:

Freepost RTRE-EZCK-ESAZ, Alfriston High Street Traffic Consultation, East Sussex County Council, County Hall, St Annes Crescent, BN7 1UE