

# Grand Union Village Transport Survey

We want to hear your views about transport at Grand Union Village.  
A Parking Scheme is planned for later this year, so your comments can help  
to make parking work better at the Village.

**PLEASE RETURN YOUR SURVEY TO THE ESTATES OFFICE, 32 TAYWOOD ROAD BY THE END OF MARCH**

Please use another sheet of paper if there is not enough room in the boxes for everything you want to say.  
More information: call in at the Estates Office or visit [www.ratransport.co.uk/guv4.html](http://www.ratransport.co.uk/guv4.html)

## Pavements and Roads

### 1. Have you experienced any problems with parked vehicles at Grand Union Village?

	Yes, serious problem	Yes, slight problem	Not a problem
Parked vehicles blocking the pavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles where children want to play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles causing an obstruction in the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles blocking dropped kerbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles leaking oil onto the road/parking area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles making it hard to cross the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles blocking me in or out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parked vehicles in my allocated parking space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors unable to park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles double parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="text"/>		

### 2. Have you read the proposal for a parking scheme for Grand Union Village that accompanies this survey?

Yes  No  *If No, please read before proceeding further*

### 3. Were the proposals explained clearly?

Yes  No

If no, which parts of it were not clear?

### 4. Did you think the proposals are reasonable?

Yes  No

If no, which parts of it were not reasonable?

### 5. Overall, do you think a parking scheme is required at Grand Union Village?

Yes  No

### 6. Do you have any suggested changes or any other comments about the parking scheme?

## Cars (and Vans) parking

7. How many cars / vans does your household own?  *If you do not own any vehicles go to Q11*

8. Does your household have any of the following?

Allocated parking space beneath your apartment (undercroft)

Allocated parking space on the street

Allocated parking space off-street

Allocated Blue Badge space (parking for disabled people)

A garage

A driveway

Other (please specify)

9. Where do you usually park?

*Please answer for each vehicle in your household*

	1	2	3	4
Allocated parking space beneath your apartment (undercroft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocated parking space on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocated parking space off-street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocated Blue Badge space (parking for disabled people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On street (off the pavement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On street (partially on the pavement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not on Grand Union Village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>			

10. Have you experienced any vandalism or theft of your vehicle(s) at Grand Union Village?

Yes, theft of whole vehicle  Yes, vandalism of vehicle

Yes, theft of vehicle parts / contents  No

If yes, please tell us about your experiences

## Bicycles parking

11. How many bicycles does your household own?  *If you do not own any bicycles go to Q16*

12. Where do you usually store your bicycle(s)?

Cycle racks beneath your apartment (undercroft)

Cycle racks in outdoor shelter

Garage

Garden

Other (please specify)

Lobby / stairwell

Outdoor communal area / railings

In your house / apartment

Apartment balcony

**13. Have you experienced any vandalism or theft of your bicycle(s) at Grand Union Village?**

Yes, theft of whole bicycle

Yes, vandalism of bicycle

Yes, theft of bicycle parts / contents

No

If yes, please tell us about your experiences

**14. How satisfied are you with your current bicycle parking arrangements?**

	Security	Convenience	Shelter
Very satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. How would you like to see bicycle parking improved on Grand Union Village?**

## Motorcycles parking

**16. How many motorcycles does your household own?**  *If you do not own any go to Q21*

**17. Where do you usually park your motorcycle(s)?**

Beneath your apartment (undercroft)

Cycle racks in outdoor shelter

Garage

Garden

Driveway

On the street

On the pavement

Other (please specify)

**18. Have you experienced any vandalism or theft of your motorcycle(s), at Grand Union Village?**

Yes, theft of whole motorcycle

Yes, theft of motorcycle parts / contents

Yes, vandalism of motorcycle

No

If yes, please tell us about your experiences

**19. How satisfied are you with your current motorcycle parking arrangements?**

	Security	Convenience	Shelter
Very satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. How would you like to see motorcycle parking improved on Grand Union Village?**

# How you get about

21. Please tick the type of transport each of the members of your household uses most often. Choose only one.

	Yourself	Adult 2	Adult 3	Adult 4	Adult 5	Child 1	Child 2	Child 3	Child 4	Child 5
Car as driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car as passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedal Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Car Club car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>									

22. What other types of transport do members of your household use at least once a week? Choose all that apply.

	Yourself	Adult 2	Adult 3	Adult 4	Adult 5	Child 1	Child 2	Child 3	Child 4	Child 5
Car as driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car as passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedal Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Car Club car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>									

## About your household

23. How many people live in your household?

Children aged under 5

Children aged 5–16

Young adults aged 17–25

Adults aged 26 – 59

Adults aged 60 and over

If you wish to enter the Prize Draw for a chance to win a iPod Touch or a £10 shopping voucher, please write your contact details here.

Name:

Tel:

24. Does anyone in your household have a Blue Badge (parking concession for disabled people)?

Yes  No

26. Where do you live?

Street/Road/Apartment