## Part 1 - Respondent Details

1(a) Personal detail	S	
Title	WK	
First Name	HEN KT	
Last Name	THOKATON	
Job Title (where relevant)	CHARMAN	
Organisation (where relevant)	cage com	MUMITIES ARAMOST AUEL CHTRACTION)
1(b) Agent details Only complete if ar	n agent has been appoi	nted
Title		
First Name		
Last Name		
Job Title (where relevant)		
Organisation (where relevant)		
1(c) Contact addre	ss details en appointed please giv	re their contact details
Address Line 1		
Line 2	CMT TO SECTION	
Line 3		
Line 4		
Postcode		C. Parameter and Control of the Cont
Telephone No.		
Email address		
Are you writing as	A resident	☐ A parish council
u d	☐ A local busines	s A district council
	Minerals indust	ry A county council
	☐ Waste industry	Other (please specify)

Please tick the appropriate boxes if you wish to be notified of a following:	ny of the
That the Oxfordshire Minerals & Waste Core Strategy has been submitted for independent examination	<u> </u>
Publication of the Inspector's report and recommendations	\
Adoption of the Oxfordshire Minerals and Waste Core Strategy	

Please sign and date the form:		
Signature:	Date:	29/15

## Part 2 - Representation

Please complete this part (Part 2) of the form separately for each separate representation you wish to make.

You can find an explanation of the terms used below in the accompanying guidance on making representations.

	Strategy you are making	representati	on about	
Part	or policy no. or paragraph	CORE	SPATEST-	PART 1
2(b)	Do you consider the Oxfo Strategy is: (tick as approp		rals and Waste Lo	ocal Plan Core
(i) 1	Legally compliant?	Yes	□ No	
(ii) S	Sound?	Yes	⊠ No	
If yo	u have answered <b>No</b> to que r cases, please go to questi	stion 2(b)(ii), p on 2(d).	lease continue to	question 2(c). In a
2(c)	Do you consider the Oxfo unsound because it is no	ordshire Mine ot: (tick as app	orals and Waste C propriate)	ore Strategy is
	(i) Positively prepared			

On the following pages, please set out why you think the Minerals and Waste Local Plan Core Strategy is legally non-compliant and/or unsound and any changes you are suggesting should be made to it that would make it legally compliant or sound.

Please note your representation should include as succinctly as possible all the information and evidence necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations based on your representation at this stage.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.

2(d) Please give details of why you consider the Oxfordshire Minerals and Waste Local Plan Core Strategy is not legally compliant or is unsound. Please be as precise as possible.

If you agree that the Oxfordshire Minerals and Waste Local Plan Core Strategy is legally compliant and/or sound and wish to support this, please also use this box to set out your comments.

SET OUT IN THE GARDINER

PLANNING RETRESENTATION MADE

ON BEHALF OF OXAGE AND

DATED 21/9/15.

I ALSO SUPPORT THE POINTS

MADE IN THE BLIGHTWELL COM

SOTWELL PARISH COUNCIL

SUBMISSION.

AS CHMILMAND OF CAGE, A

MEMBER OF OXAGE, I WOODED

DEATH OF TENTION TO OPR

PRESENTATIONS

REGREDING OCC'S MERGERES.

CORE STRATEGY.

Continue on a separate sheet or expand the box if necessary

2(e) Please set out the changes(s) you consider necessary to make the Oxfordshire Minerals and Waste Local Plan Core Strategy legally compliant or sound, having regard to the reason you have identified at 2(c) above where this relates to soundness. You should say why this change will make the Core Strategy legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

SET OF OXAGE.

Continue on a separate sheet or expand the box if necessary.

## 2(f) Written representations or oral hearing

If your representation is seeking a change to the Oxfordshire Minerals and Waste Local Plan Core Strategy, do you consider it necessary to participate at the oral hearing part of the examination? (tick box below as appropriate)

No, I wish to communicate through written representations	4,444,50
Yes, I wish to participate at the oral hearing part of the examination (go to 2(g))	

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated they wish to participate at the hearing part of the examination.

7-24	9004A			
00	BEHALF	o¢	CARE	
Physical Company (September 1998)				

Please complete Part 2 of the form separately for each separate representation you wish to make, and submit all the Parts 2s with one copy of Part 1 and Part 3.