

Junctions 1–7 Improvement Scheme

Public consultation questionnaire

We'd like to hear your views on our proposed improvement options. You can also complete this questionnaire online at www.highways.gov.uk/m621j1-7

Please return your completed questionnaire to us by 15 October 2017.
The return address and postage is already provided so, when you have completed this form please seperate from the booklet and follow the instructions on the rear.
All comments made during the consultation process will be made public, but personal details such as addresses will not.
Please provide us with your name, address and email address. If you'd prefer for your comments to be anonymous, please just provide your postcode.
Name
Address
Postcode
Email
 Do you think something should be done to improve journey time reliability and reduce congestion on the M621, especially during peak times?
Strongly agree Agree Neither agree nor disagree Disagree
Strongly disagree
2. After reviewing the proposed options (Options A, B and C), which option do you prefer?
Option A Option C None of them No preference
Please provide more detail as to why you have selected this option. For example: What do you like? What don't you like? What could we improve?
•••••

3. How often do you use junction 2a westbound? Never Daily Weekly Monthly Less than once a month
4. Do you understand the reasons for proposing to close junction 2a westbound? Yes No
5. Do you support the proposed closure of junction 2a westbound? Yes No No preference
Please provide more detail as to why you have selected this option.
••••••••••••••••••••••••••••••••
6. Which of the following do you use the M621 and / or junctions 1 to 7 for? Tick all that apply.
Because I live nearby As part of a journey to / from work
As part of a journey to / from school To use nearby leisure facilities
For freight / haulage I use junction 2 as a cyclist, pedestrian or equestrian
I need to cross the M621 or junctions 1-7 as a pedestrian, cyclist or equestrian
Other, please specify
Please provide more detail as to why you have selected this option.
•••••

This section is optional but we would be grateful if you'd tell us a little bit about yourself so that we understand more about the community we serve. We won't share this information; contact you or use it for any other purpose.
7. Your gender? Male Prefer not to say
8. Your age? 16 – 24
9. Do you consider yourself to have a disability? Yes No Prefer not to say
10. Did you attend a consultation event Yes No If so, which venue did you attend?
Additional comments
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Lateral

Leeds LS11 9AT

8 City Walk

Business Reply Licence Number RSAS-ZGKK-CSUL



M621 Junction 1-7 Project Team

Fold A

Folding instructions

Once you've completed the questionnaire please follow these instructions before returning it to us:

- 1. With the return address facing you...
- 2. fold the bottom part backwards along Fold A;
- 3. fold the top part backwards along Fold B;
- 4. turn the folded questionnaire over; and
- 5. secure it by sticking clear tape along the length of hatched area.
- 6. There's no need for a stamp, just pop it in the post.

