

Have your say on car parking in East Lindsey!

In March 2016 East Lindsey District Council committed to review the arrangements at all 55 car parks it operates. Well thought out car parking can play an important role in supporting businesses in our town centres and coastal resorts.

The Council wants to ensure the tariffs it charges for car parking reflect the needs and circumstances of each community, and therefore is keen to hear your views to help better understand:

- When you usually visit our town centres and how long you usually stay for
- What car parks you use, and why
- What would encourage you to spend more time in our towns

We want to hear the views of everyone who has recently visited a town in East Lindsey and used a car park. You don't have to be a resident of East Lindsey to take part.

All information provided will be analysed by an independent research company called Enventure Research and treated in accordance with the Data Protection Act 1998. We will only use this information to inform the consultation and make evidence based recommendations to help inform future car parking policy in the District.

How can I take part?

To take part in this survey, you can simply complete this questionnaire and post it in the pre-paid envelope provided (no stamp is required). If you do not have a pre-paid envelope, please return the questionnaire to **Enventure Research, Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire, HD6 4AH**

If you prefer, you can take part in the survey online by visiting the following address:

www.e-lindsey.gov.uk/parkingsurvey

The deadline for replies is 30th September 2016

Questions or help?

If you have any queries about the questionnaire, please call our helpline on 0800 0092 117 or email info@enventure.co.uk

Q1 Which of the following towns in East Lindsey did you visit most recently?

Tick one only

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alford | <input type="checkbox"/> Skegness |
| <input type="checkbox"/> Horncastle | <input type="checkbox"/> Spilsby |

Louth Other Please specify below

Mablethorpe

Q2 How often do you usually visit this town? Tick one only

- Daily A few times a month Less often **GO TO Q4**
 Weekly A few times a year It was my first visit
GO TO Q4

Q3 When do you typically visit this town? Tick all options that apply for each day of the week

	Morning	Afternoon	Evening		Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Q4 For how long did you stay in this town during your last visit? Tick one only

- Less than 30 minutes 2 to 3 hours 5 to 7 hours Overnight or longer
 Up to 2 hours 3 to 5 hours More than 7 hours

Q5 What was the main reason for your visit?

Tick one only

- Food shopping Leisure (e.g. a meal out, pub, sightseeing, a day trip etc.) Personal appointment Education
 Non-food shopping To visit friends or relatives For work Other Please specify

Q6 Which is your preferred car park when visiting this town? Tick one only

Alford	Horncastle	Spilsby
<input type="checkbox"/> Market Place	<input type="checkbox"/> The Bain	<input type="checkbox"/> Post Office Lane
<input type="checkbox"/> South Street, Market Place	<input type="checkbox"/> Cattle Market	<input type="checkbox"/> Market Place
<input type="checkbox"/> Millers Way	<input type="checkbox"/> St Lawrence Street	<input type="checkbox"/> Buttercross
<input type="checkbox"/> Supermarket car park	<input type="checkbox"/> Market Place	<input type="checkbox"/> Boston Road
<input type="checkbox"/> Other car park / on street parking	<input type="checkbox"/> Supermarket car park	<input type="checkbox"/> Supermarket car park
	<input type="checkbox"/> Other car park / on street parking	<input type="checkbox"/> Other car park / on street parking
Louth		Mablethorpe
<input type="checkbox"/> Town Hall	<input type="checkbox"/> Northgate West	<input type="checkbox"/> Seaview
<input type="checkbox"/> Market Place	<input type="checkbox"/> Newmarket	<input type="checkbox"/> Queen's Park South
<input type="checkbox"/> Broadbank	<input type="checkbox"/> Linden Walk	<input type="checkbox"/> Queen's Park Main
<input type="checkbox"/> Cannon Street	<input type="checkbox"/> Cattle Market, Linden Walk	<input type="checkbox"/> Quebec Road
<input type="checkbox"/> Kidgate	<input type="checkbox"/> Bridge Street	<input type="checkbox"/> Seacroft Road
<input type="checkbox"/> Kiln Lane	<input type="checkbox"/> Supermarket car park	<input type="checkbox"/> High Street

<input type="checkbox"/> Co-op, Northgate	<input type="checkbox"/> Other car park / on street parking	<input type="checkbox"/> Park Square
<input type="checkbox"/> Queen Street		<input type="checkbox"/> Supermarket car park
Skegness		
<input type="checkbox"/> Coach Park, Richmond Drive	<input type="checkbox"/> Festival, Tower Esplanade	<input type="checkbox"/> Swimming pool
<input type="checkbox"/> Arcadia, Drummond Road	<input type="checkbox"/> Princes Parade	<input type="checkbox"/> Lawn Park, Beresford Avenue
<input type="checkbox"/> Northend of North Parade	<input type="checkbox"/> Scarborough Avenue	<input type="checkbox"/> Supermarket car park
<input type="checkbox"/> Pierside, Grand Parade	<input type="checkbox"/> Scarborough Esplanade	<input type="checkbox"/> Other car park / on street parking

Please specify which supermarket car park in the box below

Q7 Why is this your preferred car park? Tick all that apply

<input type="checkbox"/> Location	<input type="checkbox"/> Security
<input type="checkbox"/> Price	<input type="checkbox"/> Availability of other facilities (e.g. toilet)
<input type="checkbox"/> Availability of spaces	<input type="checkbox"/> Free of charge
Availability of particular spaces	
<input type="checkbox"/> (e.g. motor homes, disabled, resident, commuters)	<input type="checkbox"/> Other Please specify below

Q8 How important are the following factors relating to car parking when considering whether to drive to the town centre and park there? Tick one option for each

	Not at all important	Not very important	Quite important	Very important
The availability of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from the car park to the town centre / beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car park security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of toilet / baby changing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay on exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 How important are the following factors relating to the town centre when considering whether to drive to the town centre and park there? Tick one option for each

	Not at all important	Not very important	Quite important	Very important
Range of shops and attractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices of goods and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to visitor attractions / beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How busy the town is / is likely to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opening hours of shops / attractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market days / other specialist events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 What is your preferred method of payment for car parking? *Tick one only*

- | | |
|--|--|
| <input type="checkbox"/> Cash (coins, notes) | <input type="checkbox"/> Debit card (e.g. contactless payment, chip and pin) |
| <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Weekly / monthly permit |

Q11 In relation to car parking, would you be more or less likely to drive into the town centre if there was... *Tick one option for each*

	Not at all important	Not very important	Quite important	Very important
More car parking spaces available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking spaces closer to the town centre / beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More spaces for particular users (e.g. motor homes, disabled, resident, commuters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better information about car parking facilities / availability of spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved quality of car parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More flexible and convenient payment methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 In relation to the town centre, would you be more or less likely to drive into the town centre if there was... *Tick one option for each*

	Not at all important	Not very important	Quite important	Very important
Better choice of shops / cafes / restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different / longer opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More visitor attractions (including festivals and events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better pedestrian / mobility access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaner environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 What additional incentives or facilities in relation to car parking might encourage you to visit this town more often? *Please write in the box below*

Q14 Do you have any other suggestions or comments about car parking in this town? Please write in the box below

So that we can understand who has taken part in this survey, please could you provide a few details about you.

Q15 To establish how far people are travelling to visit different places within East Lindsey, please provide your home postcode in the box below (e.g. LN11 1AB)

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Q16 Which of the following best describes you? Tick all that apply

<input type="checkbox"/> I live in the East Lindsey district	<input type="checkbox"/> I live outside the East Lindsey district	<input type="checkbox"/> I own / run a business in the East Lindsey District
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Q17 What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
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Q18 Which age bracket do you fall into?

<input type="checkbox"/> 16 to 24	<input type="checkbox"/> 25 to 44	<input type="checkbox"/> 45 to 64	<input type="checkbox"/> 65 +	<input type="checkbox"/> Prefer not to say
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Q19 Do you consider yourself to have a disability?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Thank you for taking the time to complete this survey. Please return in the pre-paid envelope provided.