

# RESPONDENT INFORMATION FORM

## for the Consultation on SEPA's Regulatory Charging Scheme

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **Only section 3 is mandatory.**

### 1. Name/Organisation

Organisation Name

Title Mr  Ms  Mrs  Miss  Dr  *Please tick as appropriate*

Surname

Forename

### 2. Postal Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Postcode	Phone	Email

### 3. Permissions - I am responding as...

**Individual** / **Group/Organisation**

*Please tick as appropriate*

**(a)** Do you agree to your response being made available to the public?

*Please tick as appropriate*  Yes  No

**(b)** Where confidentiality is not requested, we will make your responses available to the public on the following basis

*Please tick ONE of the following boxes*

Yes, make my response, name and address all available

*or*

Yes, make my response available, but not my name and address

*or*

Yes, make my response and name available, but not my address

**(c)** The name and address of your organisation **will be** made available to the public.

Are you content for your **response** to be made available?

*Please tick as appropriate*  Yes  No

**(d)** We will share your response internally with other SEPA and Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for SEPA to contact you again in relation to this consultation exercise?

*Please tick as appropriate*  Yes

You have the right to contact us at any time to request that we make your response anonymous. You can do this by contacting [ncc@sepa.org.uk](mailto:ncc@sepa.org.uk).