









Cavan Town Flood Relief Scheme

Stakeholder and Public Consultation Event

Questionnaire

Please complete this questionnaire and return to ByrneLooby, Attention: Project Manager,
Building 2100, Cork Airport Business Park, Kinsale Road, Cork,
Email: CavanTownFRS@ByrneLooby.com by Friday 14th October 2022.

Kindly sign GDPR Compliance on Pg 3 of 3 of this questionnaire.

1	Are you aware of the North Western-Neagh Bann Catchment Flood Risk Assessment and Management (CFRAM) Study				
	and its findings or recommendations?	Yes	No		
2	Do you own, rent or occupy a property within the study area being consider	red? Yes	No		
3	Address of Property:				
4	Have you had any personal experience of flooding?	Yes	No		
5	If yes, do you have information which can be used to inform the scheme? P	Please describe infor	nation available.		
6	Can Cavan County Council contact you to collect this information?	Yes	No		
7	Do you have photographs or videos of flooding?	Yes	No		
8	If yes, may Cavan County Council have permission to use them? Note: Photographs / videos can be collected at a later date.	Yes	No		
9	Also if yes, could you please describe the photograph?				
10	Type of property flooded?				
	Residential R	letail			
	Office W	Vorkshop			
	Open Space	Other			
	If other, please describe:				









From Drains / Sewer Overground flow (surface water) 13 How do you think the issue of flooding can be resolved? 14 In your view, how important are the following environmental constraints to the proposed Flood Relief Scheme? Flood Relief Scheme? Rating Environmental Constraints Not Important Important Important Important Important Important Important Inportant Important Importan	12 Source of Flooding:	Directly from Ri	iver/ Stream					
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16 Name:			
Address:			
Phone (Optional):	Email: (Optional):		
	GDPR CO	DMPLIANCE	
Your contact details have be	een collected to aid the development	of the flood relief scheme for Cavan Town. The details will only	
be used for the purposes of	contacting you in relation to the sch	eme, which may include some or all of the following:	
- Notifying you of future co	nsultation opportunities		
- Arranging access to your l	ands for the purposes of data collect	ion by project staff and approved third party surveyors	
- Clarifying information, yo	u have already provided to the proje	ct team and obtaining further inputs	
Your details will be securely	y kept on file for the duration of the p	project	
Tool acialis will be secorely	, kepi on the for the doration of the p	510 CC11	
Signature:		I agree to the above use and retention of my contact details	

Freedom of Information: Any information provided will be used to the provisions of the Freedom of Information Act. Personal

THANK YOU FOR YOUR CO-OPERATION