

# LESTER CONTROLS REPAIR FORM



All Boxes below **must** be filled in prior to return,  
failure to do so will likely result in a delay in processing.

<b>BOARD FOR REPAIR:</b>	<b>INFORMATION ON THE FAILURE:</b>
<b>REPAIR No:</b> (FOR INTERNAL USE)	<i>(PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE INCLUDING ALL FAULT CODES AND SCENARIOS THAT CAUSE THE FAULT TO OCCUR)</i>
<b>COMPANY:</b>	
<b>LC NUMBER:</b>	
<b>SITE REFERENCE:</b>	
<b>CONTACT NAME &amp; NUMBER:</b>	
<b>CONTACT EMAIL:</b>	
<b>PO NUMBER:</b>	
<b>RETURN SHIPPING ADDRESS:</b>	
<b><u>RETURNS MUST BE SENT TO:</u></b>  REPAIRS DEPARTMENT LESTER CONTROLS 59 IMPERIAL WAY CROYDON SURREY CR0 4RR	