

Site Attendance Request

Company name:	Date:	Site induction required: Y / N
Contact name:	Purchase order number:	Materials used/required:
Contact number:	LC number:	
Email:		
Site address:	What PPE is required:	A REPRESENTATIVE OF YOUR COMPANY MUST BE PRESENT FOR THE DURATION OF THE VISIT

DESCRIPTION OF FAULT: (PLEASE BE AWARE THAT IF ANY ADDITIONAL WORKS ARE REQUIRED AN ADDITIONAL CHARGE MAY BE INCURRED. ATTACH PHOTOGRAPHS ETC AS MUCH INFO AS POSSIBLE)

DIAGNOSIS OF FAULT: (completed by Lester controls)

Date of completion: _____

NOTE : By completing this site request form you accept that should the fault diagnosed not be the responsibility of Lester Controls you may be invoiced.

Lester Control Systems Ltd

Head Office
Unit D 18 Imperial Way
Croydon Surrey CR0 4RR
T: 020 8288 0668

Midlands Office
Units 1-4 Wycliffe Industrial Park Leicester
Road Lutterworth Leicestershire LE17 4HG
T: 01455 204980 |

Glasgow Office
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info@lestercontrols.co.uk | orders@lestercontrols.co.uk | technical@lestercontrols.co.uk

Part of Lester Control Systems Holdings Limited | VAT No. 407 499 331 | Reg. in England 1863851



PHOTOS OF CONTROLLER PRE-ATTENDANCE (FOR CUSTOMER TO ADD TO THIS BOX (SELECT INSERT/PICTURES

PHOTOS OF CONTROLLER IN POST LCSL ATTENDANCE (PLEASE ADD TO THIS BOX (SELECT INSERT/PICTURES

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