

RE-ISSUE PARCEL REQUEST FORM

Please complete this form and post to:

Reissue Parcel Requests
Pilkington Warner Ltd
14 Metro Centre
Toutley Rd
Wokingham
RG41 1QW

ORDER REF NO.

CONFIRMED DELIVERY ADDRESS: (this must have been checked with the end recipient)

.....
.....
.....
.....

YOUR COMPANY NAME:

CONTACT NAME:.....

CONTACT TEL: (daytime number please)

CONTACT EMAIL:

CHECK LIST: Please complete the following section cross out as appropriate

The end customer has checked with the local Royal Mail or Parcelforce collection point
YES / NO

The end customer has checked with neighbours and for any safe places it may have been left
YES / NO

The shipping address has been confirmed with the end customer
YES / NO

I declare the above information to be true and accurate to the best of my knowledge and confirm that the specified parcel has not been delivered to the specified address.

Signed:..... Name:..... Job Title:.....