



Work Order Request- ALTERATIONS

Please fill form out completely and send to **Northwest Safety Clean** via:

Mail: 5055 SE Lafayette St.

Portland OR 97206

FAX: 503-775-1418

Email: Sales@northwestsafetyclean.com

Any questions, please call 503-775-2114 or 1-800-984-NWSC

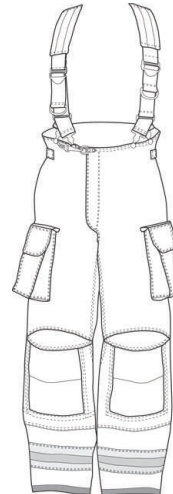
Thank you!



TODAY'S DATE:		DATE NEEDED BY:	
Station/Fire Department Name/#:			
Firefighter Name:			
Purchase Order#: (if applicable)			



COAT



PANT

- | | |
|---|---|
| <input type="checkbox"/> LENGTHEN SLEEVE ____ INCHES (LIMIT 4") | <input type="checkbox"/> LENGTHEN LEGS ____ INCHES (LIMIT 4") |
| <input type="checkbox"/> SHORTEN SLEEVE ____ INCHES (LIMIT 4") | <input type="checkbox"/> SHORTEN LEGS ____ INCHES (LIMIT 4") |
| <input type="checkbox"/> REPLACE WRISTLETS OF COAT:
Standard 4" _____ w/Thumb holes 8" _____ | <input type="checkbox"/> TAKE-IN WAIST ____ INCHES (LIMIT 4") |
| <input type="checkbox"/> ADD MIC TAB (give details below) | <input type="checkbox"/> LET-OUT WAIST ____ INCHES (LIMIT 4") |
| <input type="checkbox"/> ADD POCKET(S) (give details below) | <input type="checkbox"/> ADD POCKET(S) (give details below) |
| <input type="checkbox"/> ADD ACCESSORY STRAP (give details below) | |

Use diagram to show details/Explain Special Instructions:
