



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

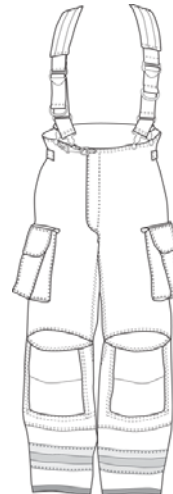
Any questions, please call 503-775-2114 or 1-800-984-NWSC
 Thank you!



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:
