



SANIGEAR

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sanigear.ca

ALTERATION REQUEST FORM

FIREFIGHTER'S NAME:

PHONE:

FIRE DEPARTMENT:

E-MAIL:

SHIPPING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

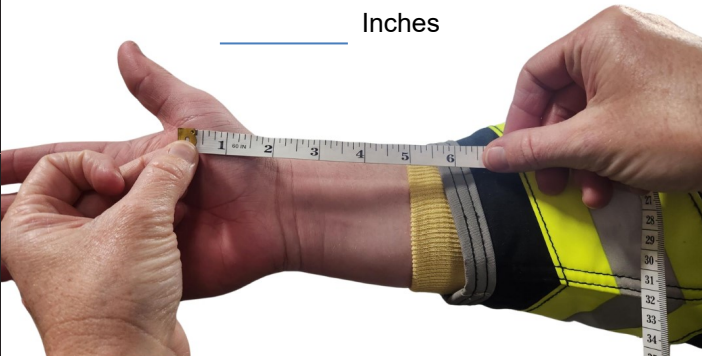
COAT SERIAL #:

PANT SERIAL #:

SLEEVE LENGTH:

#1 From the end of the jacket cuff sleeve to after the thumb knuckle

_____ Inches



INSEAM:

From bottom of the pant cuff to ankle bone

_____ Inches



HIPS:

Measure around fullest part of hips.

WAIST:

Measure around the waist at the belly button adding 3 fingers of width

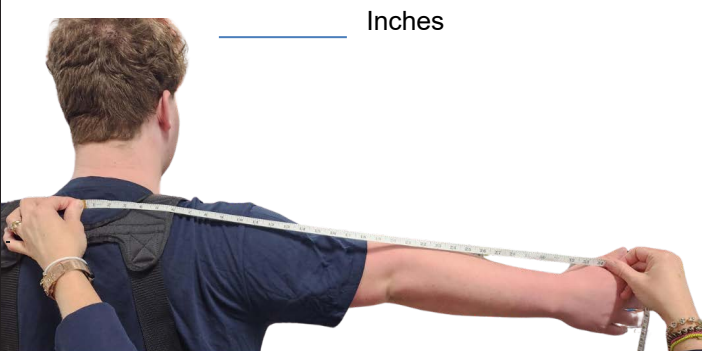
_____ Inches

_____ Inches

SLEEVE LENGTH:

#2 Hold arm straight out to the side and measure from between the shoulder blades to after the thumb knuckle

_____ Inches



Please include photos of required alterations along with Alteration Request form. Photos must include a tape measure as shown in examples above.

By signing this form I agree the the information provided above is correct and I agree that Sani Gear can use this information to alter the mentioned garments to the best of their ability.

SIGNATURE:

DATE: