

ALTERATIONS AUTHORIZATION

This form must be presented at time of request for alterations. Stitch-It has the right to refuse any alteration requests if not accompanied by this form.

NOTE: If applicable, please bring appropriate FOOTWEAR with you for correct measurements.

Date: (mm/dd/yyyy)	Employee Name:	Oasis #:
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This letter authorizes you to have any of the following priced alterations completed on your uniform garments as indicated. **Only alterations indicated below are approved for completion.**

SHIRT (Quantity 2) <table border="1"> <tr><td></td><td>Shorten bottom</td></tr> <tr><td></td><td>Shorten sleeves</td></tr> <tr><td></td><td>Sew on crests</td></tr> <tr><td></td><td>Shirt tapering</td></tr> <tr><td></td><td>Side seams</td></tr> <tr><td></td><td>Darts</td></tr> <tr><td></td><td>Pockets</td></tr> <tr><td></td><td>Sew on button(s)</td></tr> </table>		Shorten bottom		Shorten sleeves		Sew on crests		Shirt tapering		Side seams		Darts		Pockets		Sew on button(s)	TROUSER (Quantity 1) <table border="1"> <tr><td></td><td>Initial hem</td></tr> <tr><td></td><td>Alter seat</td></tr> <tr><td></td><td>Lower waistband</td></tr> <tr><td></td><td>Crotch in/out</td></tr> <tr><td></td><td>Waist in/out</td></tr> <tr><td></td><td>Zipper</td></tr> <tr><td></td><td>Sew on button(s)</td></tr> </table>		Initial hem		Alter seat		Lower waistband		Crotch in/out		Waist in/out		Zipper		Sew on button(s)	JACKET (Quantity) <table border="1"> <tr><td></td><td>Sew on crests</td></tr> <tr><td></td><td>Zipper</td></tr> <tr><td></td><td>Sew on button (s)</td></tr> <tr><td></td><td>Take jacket in</td></tr> </table> SWEATER (Quantity) <table border="1"> <tr><td></td><td>Sew on crests</td></tr> <tr><td></td><td>Zipper</td></tr> <tr><td></td><td>Sew on button (s)</td></tr> <tr><td></td><td>Take in</td></tr> </table>		Sew on crests		Zipper		Sew on button (s)		Take jacket in		Sew on crests		Zipper		Sew on button (s)		Take in
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Other Alterations must be explained below:																																																

BRING THIS AUTHORIZATION FORM WITH YOU

Alterations can be completed at any Stitch-It location across Ontario.

Location Number:	Tailor:	#:
Stitch-It, please bill County of Simcoe Paramedic Services. If you have any questions, please contact Christina Garriock at (705) 726-9300 Extension 1016. Thank you!		