# Uniform Alteration and Hemming Authorization

(**ACCOUNT NAME: UNIVERSITY OF OTTAWA –PROTECTION SERVICES**)

**To Company/Department Name employee:**
Please bring this form with your uniform item(s) to any **Stitch It** location in the Ottawa area. For a location nearest you, please visit our website at www.stitchit.com

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**Dear Stitch It Employee:**
We are authorizing the following services for our employee's uniform.

**Employee Name:**_____ **Emp ID#** _____ or **New Employee**___

**Service Description:** **Note: (Only services listed below are approved)**

**Alterations:**
Crests: Shirts (name tags, shoulder crests)
Crests: Jackets (name tags, shoulder crests)
Crests: Jackets (25cm by 25cm back security patch)

**Dry-Cleaning**
Uniform: pants, shirts, jackets, vests

OR list alteration description:

_____

_____

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**EXPIRY DATE:** _____

Stitch It Associates – Scan this code for correct charge account.

UNIV OF OTTAWA PROTECTION SERVICES

10000017

Authorized Signature

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*Do not complete order unless signed and authorized by Nicholas Lavoie if you have any questions, please call Corporate Accounts: Dale Beeston at 289-259-4473