

Request #: _____

Logisitik Unicorp Order #: _____

UNIFORM REQUEST FORM

PART 1: CONTACT INFORMATION							
Last Name:		First Name:		Rank:		Gender: M F	
Preferred Method of Contact: Phone Call Email Text message			Number or Email Address of Preferred Method of Contact:				
PART 2: UNIFORM PARTS REQUESTED							
	Uniform Parts	Current Size	Measures (in Part 3)	Reason			
	Wedge		1	Too small Other (please specify)			
	Dress Shirt (Male)		2, 3	Collar too tight Other (please specify)			
	Dress Shirt (Female)		2, 3	Collar too tight Other (please specify)			
	Necktie		6	Too short Other (please specify)			
	Tunic		3, 6	Chest too tight Too short Other (please specify)			
	Trousers (Male)		4, 5, 6	Too short Waist too tight Other (please specify)			
	Trousers (Female)		4, 5, 6	Too short Waist too tight Other (please specify)			
	Black Belt		4	Too short Other (please specify)			
	Wool Socks		7	Too small Other (please specify)			
	Parade Boots		7, 8	Tight on sides Tight near toe Other (please specify)			
PART 3: MEASUREMENTS (FILL IN EITHER INCHES OR IN CM, NOT BOTH)							
	Inches	Centimetres		Inches	Centimetres		Millimetres
1. Head			4. Waist			7. Foot length	
2. Neck			5. Hip				
3. Chest			6. Height			8. Foot width	
PART 4: APPROVAL (FOR OFFICE USE ONLY)							
Action		Date	Signature	Notes or Comments			
APPROVED	REJECTED						
ORDERED	IN STOCK						
OLD PARTS RETURNED							
PART 5: ACKNOWLEDGEMENT							
I acknowledge that I have received the uniform parts as requested above.							
Signature: _____				Date: _____			