

Alteration Request Measurement Sheet

CLIENT INFORMATION

Name

Phone

Email

Date

Order Number

GARMENT DETAILS

Garment Type

Brand/Label

Color/Pattern

MEASUREMENT

Area	Current Measurement	Requested Adjustment	Final Measurement
Bust/Chest			
Waist			
Hip			
Sleeve Length			
Shoulder Width			
Inseam/Length			
Other			

ALTERATION NOTES

STAFF / TAILOR

Name

Signature

Date