



Corporate Office: 702-255-0588 phone

Customer Special Care Form:

Please provide a separate Customer Special Care Form for each garment in your order and describe your garment and Special Instructions for the service needed.

Please attach this form to the garment.

Detailed Description of Garment - Please be specific:

Dry Cleaning or Laundry Special Request:

Shirt Laundry

(If different than your preferences on file.)

- Hanger Box Heavy Starch
 Medium Starch Light Starch No Starch

Stains

Type of Stain: _____

Location of Stain: _____

Other: _____

Alteration and Tailoring Services:

Pants Hemmed _____ inches up or down _____ w/cuff yes/no

Zipper replaced _____ black or specific color _____



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® Waist(in or out)_____

® Sleeves(Shortened or Lengthened_____

® Mending_____

Location_____

Other:_____

Please be as specific as you can on your alteration and tailoring needs. Your signature below is authorization for Boston Cleaners to complete the alteration as specified above. If you would like to have the Alteration Specialist call to confirm your request please put your daytime phone number below and call:

Boston Cleaners cannot be held responsible for incomplete or incorrect information. Thank you.

Signed_____Date_____

Daytime Phone Number_____