SANICE
ALLA ALLA

SANIGEAR

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RENTAL REQUEST FORM

FIREFIGHTER'S NAME:

PHONE:

FIRE DEPARTMENT:

SHIPPING ADDRESS:

CITY:	PROVI	NCE:	POSTAL CODE:	
HEIGHT: WEIGHT:	START DATE:		RETURN DATE:	
SLEEVE LENGTH (A to B): (hold arm straight out to the side and measure from between the shoulder blades to the thumb knuckle)	Inches	INSEAM (G to H): (start measuring from below the crotch to the bottom of the ankle bone)		Inches
SHOULDER (C to D): (from one shoulder bone to the other shoulder bone)	Inches	WAIST (I to J): (Measure around the wai belly button)	st, at the	Inches
CHEST (E to F): Inches (around the chest under the arm)		HIPS (I to J): (Measure around the fulle the hips)	st part of	Inches
LENGTH (A to Z): Incl (from base of the neck to below the bum_)	hes	RISE (Y to G): (From waist band to the bo	ottom of the bum)	Inches





FOR OFFICE USE ONLY:	
MANUFACTURER:	MANUFACTURER:
MONTH/YEAR:	MONTH/YEAR:
SERIAL # JACKET:	SERIAL # PANT:
CHEST/SLEEVE:	WAIST/INSEAM: