



## Garment Care Form

Please complete the garment care form and place it in your delivery bag.

Name \_\_\_\_\_ Phone \_\_\_\_\_

1. Please describe the garment needing special attention:

\_\_\_\_\_

2. Check all items that apply:

Garment has a stain/spot  
What is the stain? \_\_\_\_\_  
Location of the stain \_\_\_\_\_

Pant pressing  
Crease \_\_\_\_\_ Do Not Crease \_\_\_\_\_

Replace a button  
Where \_\_\_\_\_

Other  
Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_