

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____ From: _____

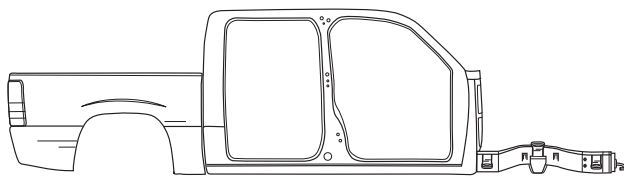
Contact Person: _____ Contact Person: _____

Phone #: _____ Fax #: _____

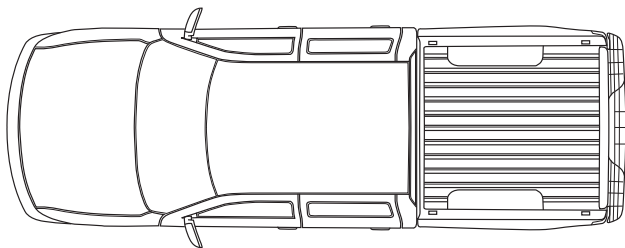
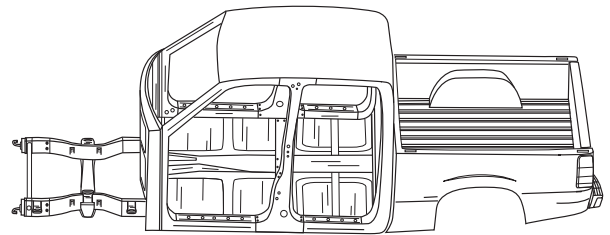
Year: _____ Make: _____

Model: _____ VIN #: _____

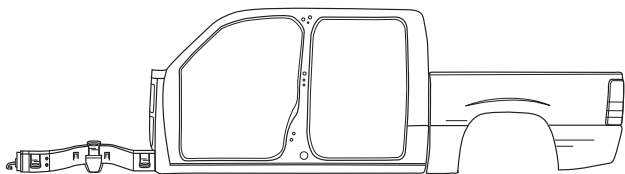
P.O. #: _____ Build Date: _____



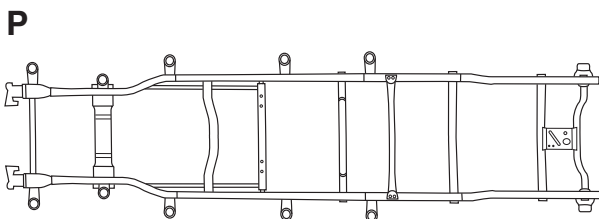
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



P
D
TOP VIEW

Please use the area below for a detail of cut instructions:

Notes:
