

Recycled Parts Request: REGULAR CAB TRUCK

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

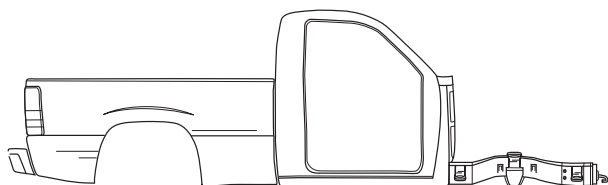
Make: _____

Model: _____

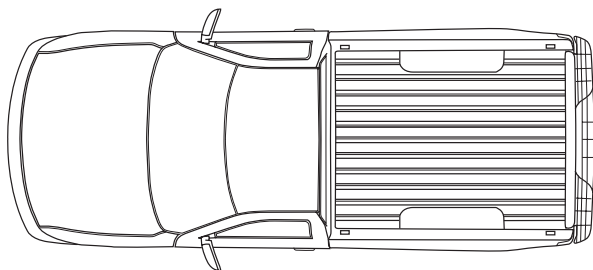
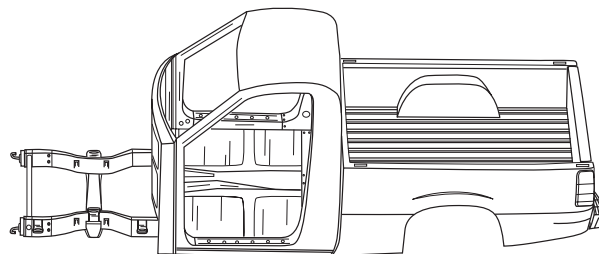
VIN #: _____

P.O. #: _____

Build Date: _____

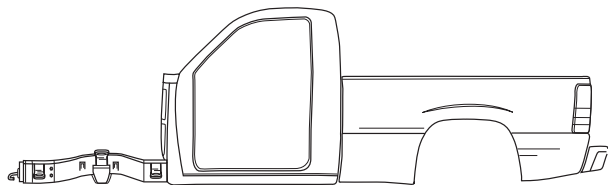


PASSENGER SIDE



TOP VIEW

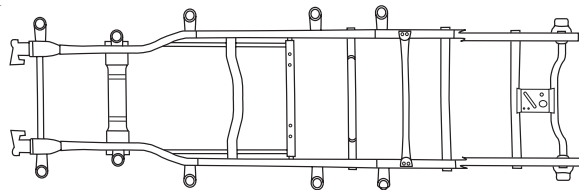
Please use the area below for a detail of cut instructions:



DRIVER SIDE

Notes:

P



D

TOP VIEW