

Recycled Parts Request: QUAD CAB TRUCK FORM

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

From: _____

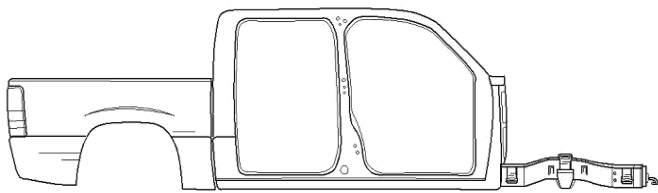
Contact Person: _____

Fax #: _____

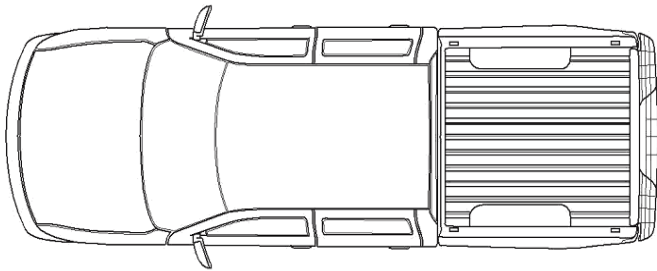
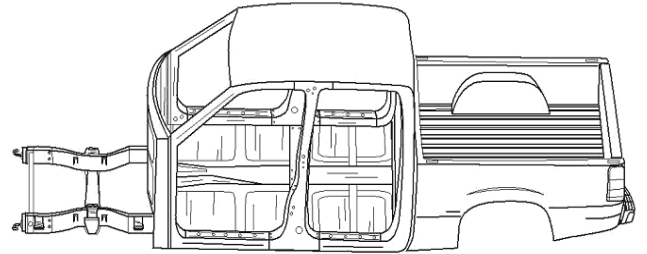
Make: _____

VIN #: _____

Build Date: _____

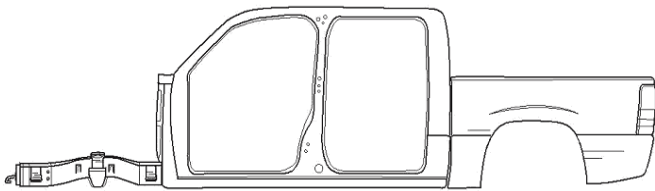


PASSENGER SIDE



TOP VIEW

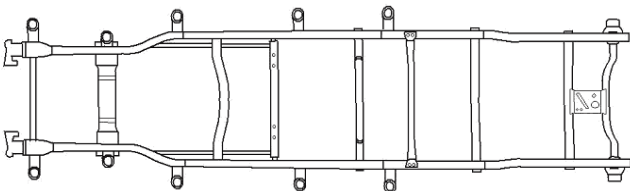
Please use the area below for a detail of cut instructions:



DRIVER SIDE

Notes:

P



D

UNDERBODY VIEW