

# Recycled Parts Request: EXTENDED CAB TRUCK FORM

Date: \_\_\_\_\_

To: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

P.O. #: \_\_\_\_\_

From: \_\_\_\_\_

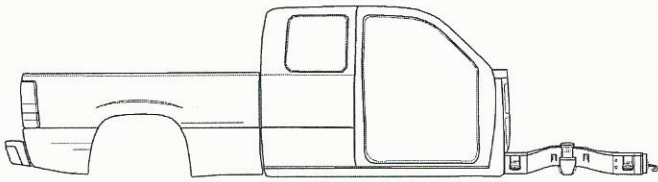
Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

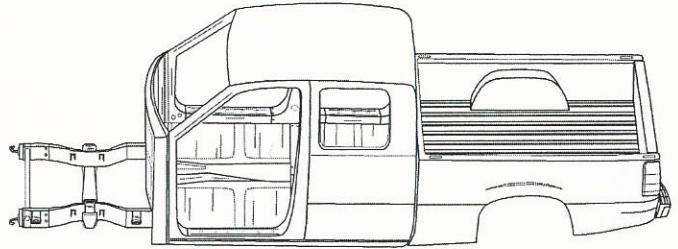
Make: \_\_\_\_\_

VIN #: \_\_\_\_\_

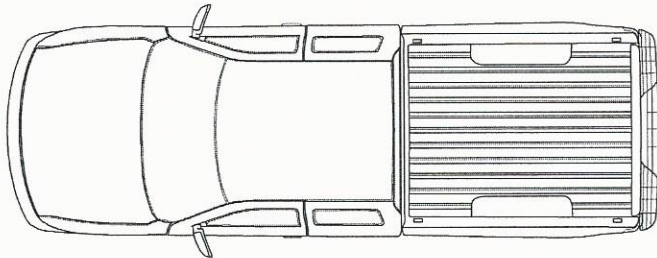
Build Date: \_\_\_\_\_



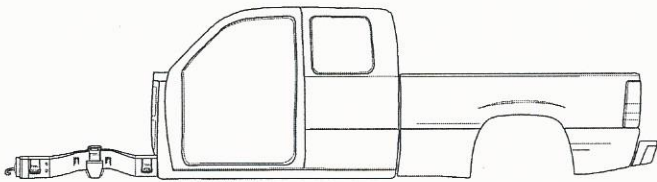
PASSENGER SIDE



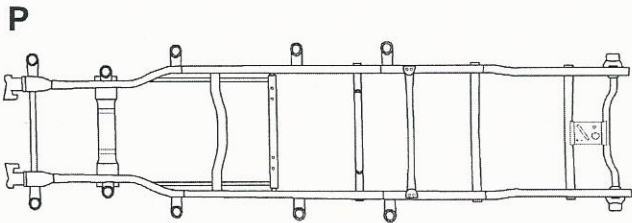
Please use the area below for a detail of cut instructions:



TOP VIEW



DRIVER SIDE



D

UNDERBODY VIEW

Notes:

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