

Recycled Parts Request: REGULAR CAB TRUCK

Date: _____

To: _____ From: _____

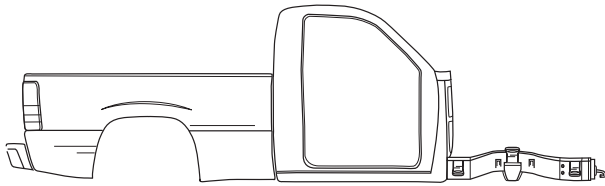
Contact Person: _____ Contact Person: _____

Phone #: _____ Fax #: _____

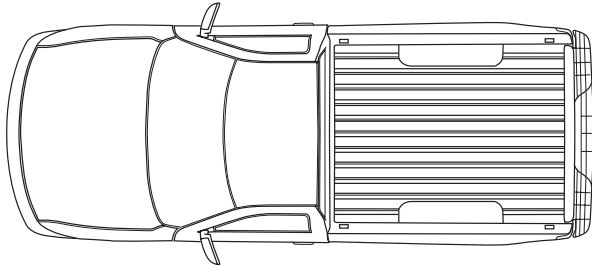
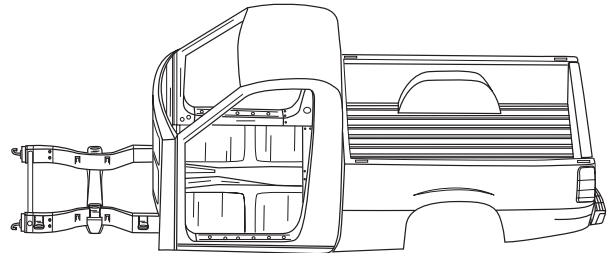
Year: _____ Make: _____

Model: _____ VIN #: _____

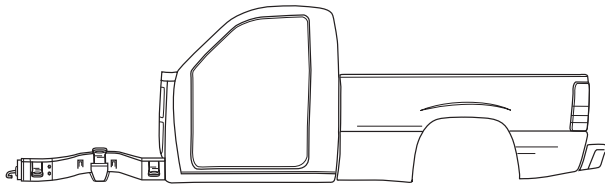
P.O. #: _____ Build Date: _____



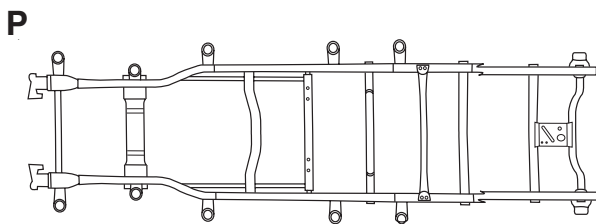
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:
