

# Recycled Parts Request: QUAD CAB TRUCK FORM

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

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

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

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

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

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

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

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

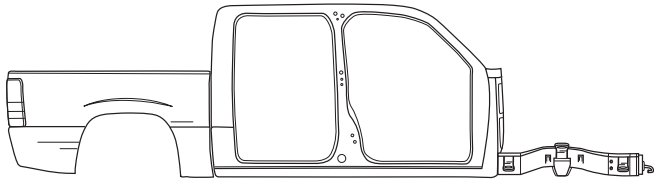
Make: \_\_\_\_\_

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

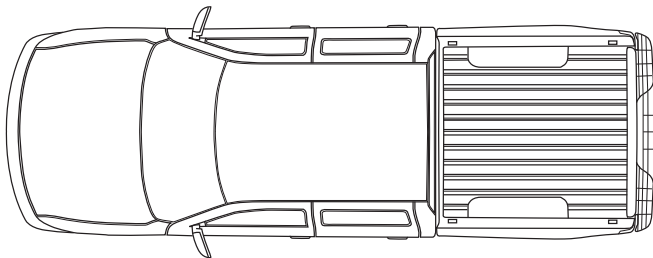
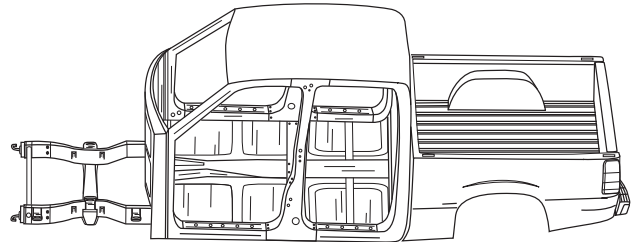
VIN #: \_\_\_\_\_

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

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

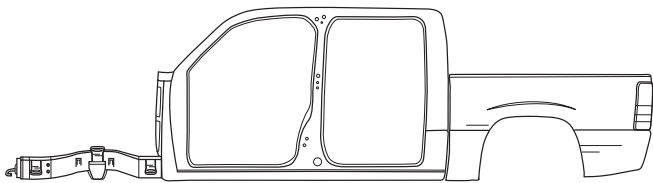


PASSANGER SIDE



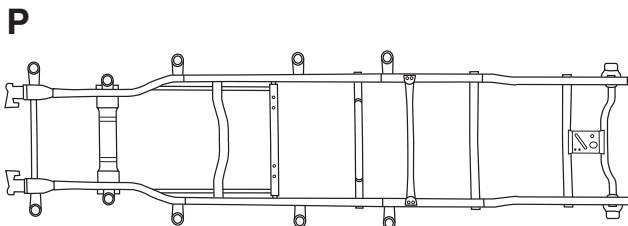
TOP VIEW

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



DRIVER SIDE

Notes:



**P**  
**D**  
TOP VIEW