

# Recycled Parts Request: VAN FORM

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

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

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

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

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

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

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

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

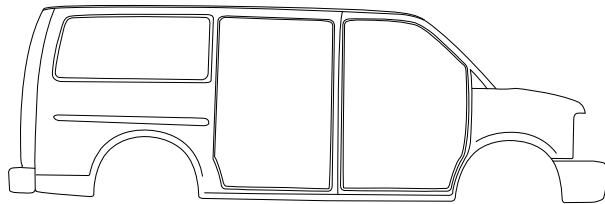
Make: \_\_\_\_\_

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

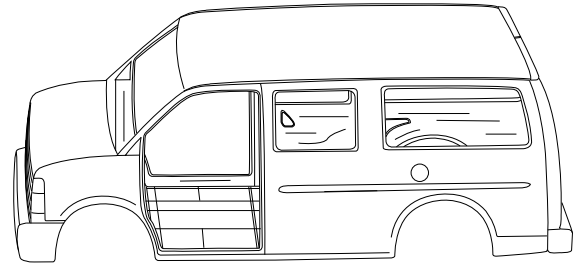
VIN #: \_\_\_\_\_

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

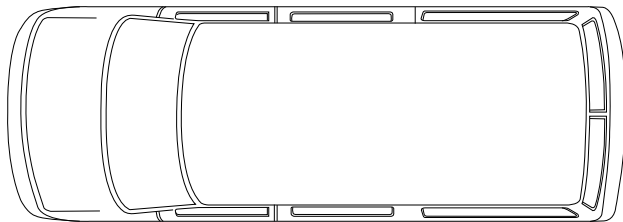
Build Date: \_\_\_\_\_



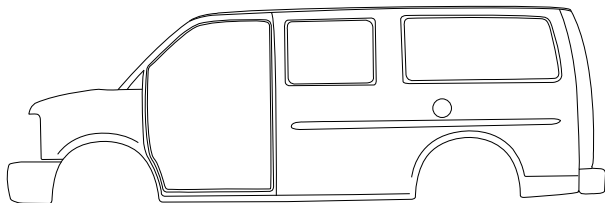
PASSANGER SIDE



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



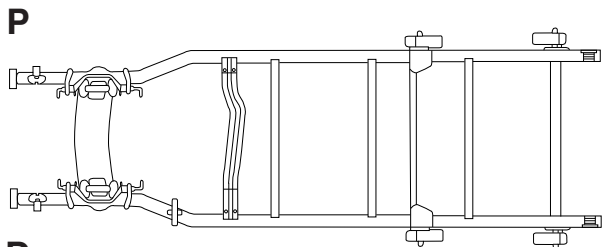
TOP VIEW



DRIVER SIDE

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



D

TOP VIEW