

# Recycled Parts Request: QUAD CAB TRUCK FORM

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

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

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

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

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

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

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

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

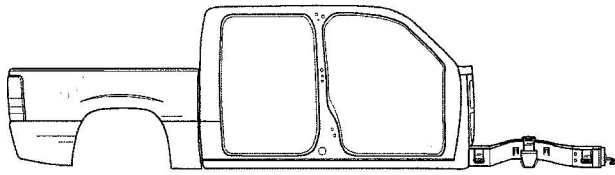
Make: \_\_\_\_\_

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

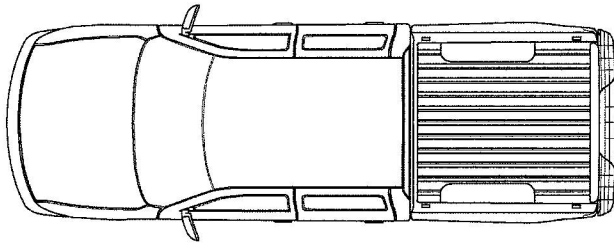
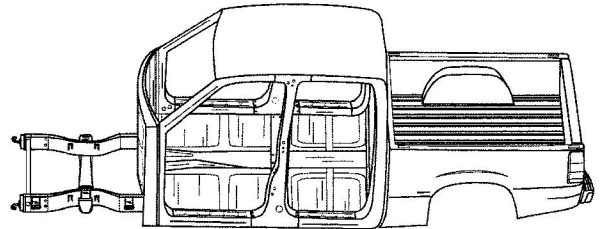
VIN #: \_\_\_\_\_

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

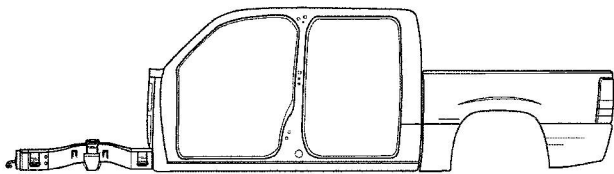
Build Date: \_\_\_\_\_



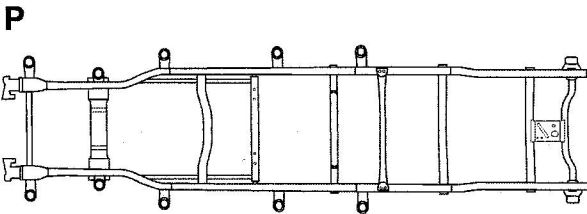
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



P  
D  
TOP VIEW

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

Notes:

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