

**Recycled Parts Request: EXTENDED CAB TRUCK FORM**

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

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

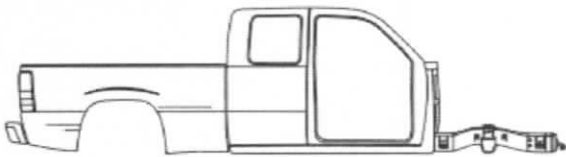
Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

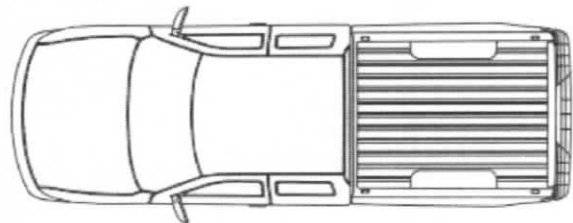
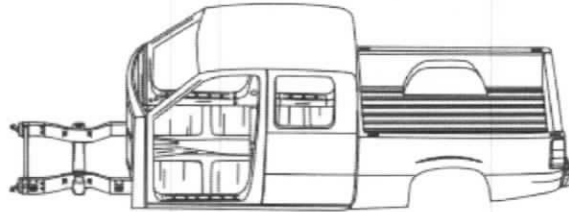
Year: \_\_\_\_\_ Make: \_\_\_\_\_

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

P.O. #: \_\_\_\_\_ Build Date: \_\_\_\_\_



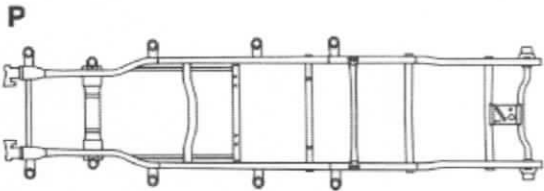
PASSENGER SIDE



TOP VIEW



DRIVER SIDE



UNDERBODY VIEW

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

Notes: