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 Please use the area below for a detail of cut instructions: TOP VIEW Notes: DRIVER SIDE P

UNDERBODY VIEW