

Recycled Parts Request: VAN FORM

Date: _____

To: _____

From: _____

Contact Person: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Year: _____

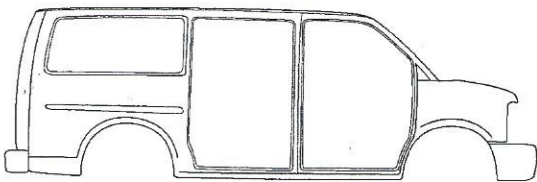
Make: _____

Model: _____

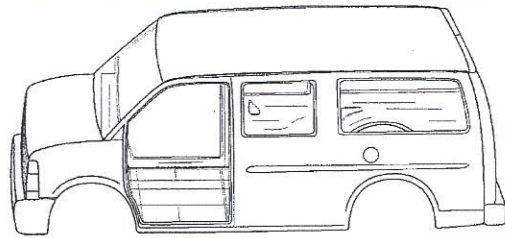
VIN #: _____

P.O. #: _____

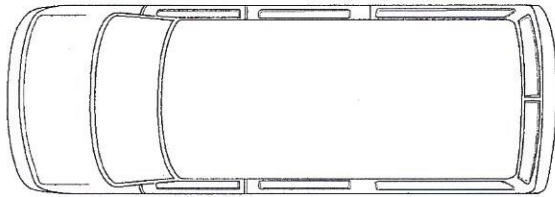
Build Date: _____



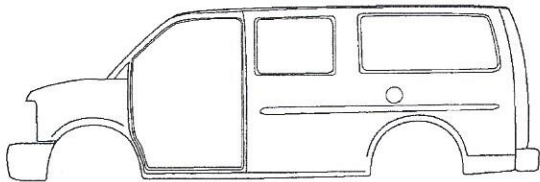
PASSANGER SIDE



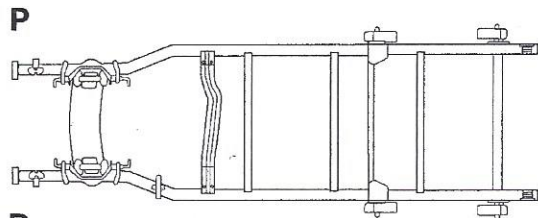
Please use the area below for a detail of cut instructions:



TOP VIEW



DRIVER SIDE



D

TOP VIEW

Notes:
