Recycled Parts Request: EXTENDED CAB TRUCK FORM From: _____ To: _____ Contact Person:______ Contact Person:_____ Phone #: _____ Fax #: _____ Year: _____ Make: _____ Make: _____ Model: _____ VIN #: ____ Build Date: P.O. #: __ PASSANGER SIDE Please use the area below for a detail of cut instructions: **TOP VIEW** Notes: **DRIVER SIDE** P

TOP VIEW

D