

*Recycled Parts Request: VAN FORM*

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

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

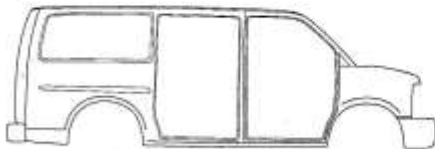
Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

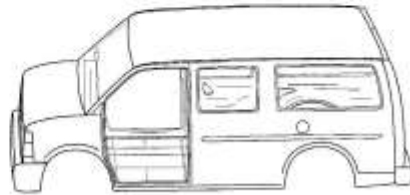
Year: \_\_\_\_\_ Make: \_\_\_\_\_

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

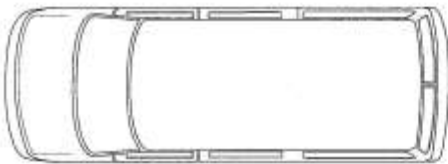
P.O. #: \_\_\_\_\_ Build Date: \_\_\_\_\_



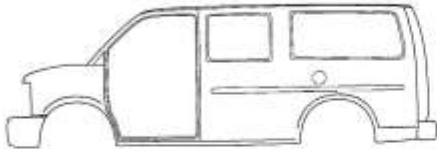
PASSANGER SIDE



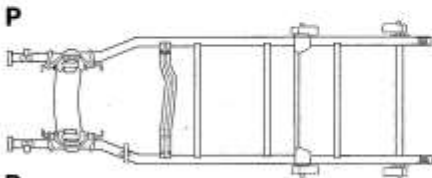
Please use the area below for a detail of cut instructions:



TOP VIEW



DRIVER SIDE



**P**  
**D**  
TOP VIEW

Notes:

---

---

---

---

---

---

---

---

---

---