

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

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

DAN'S TRUCK & AUTO

From: Fax Back: 909-350-1047

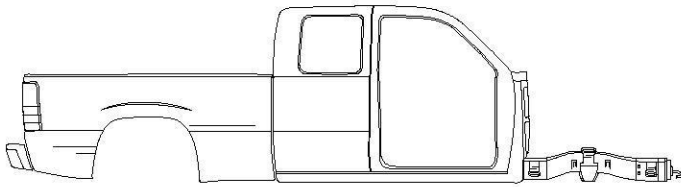
Ph: 909-350-2444

Fax #: _____

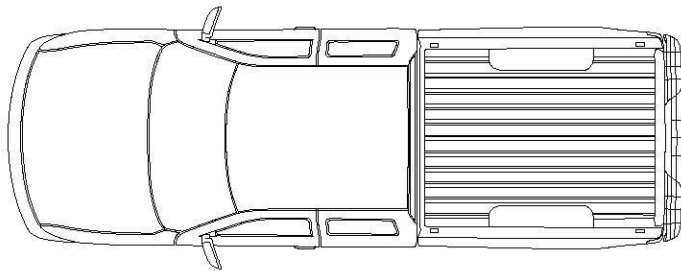
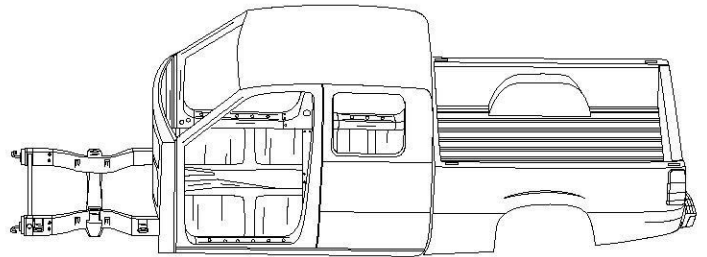
Make: _____

VIN #: _____

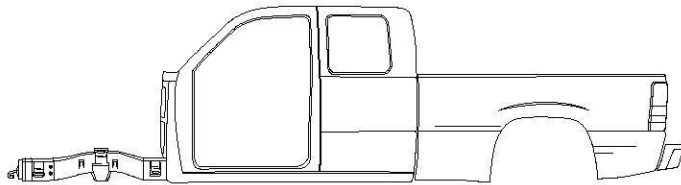
Build Date: _____



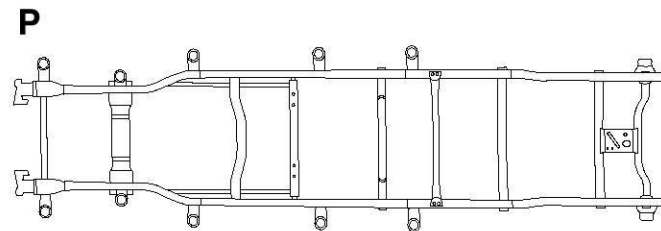
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes: