

## Recycled Parts Request: **QUAD CAB TRUCK FORM**

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

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

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

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

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

Model: \_\_\_\_\_

P.O. #: \_\_\_\_\_

### **DAN'S TRUCK & AUTO**

From: Fax Back: 909-350-1047

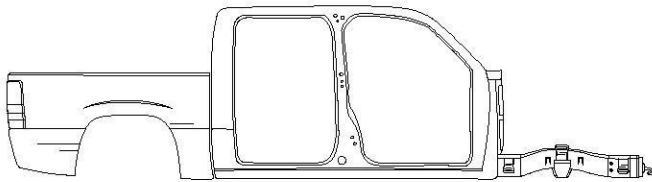
Ph: 909-350-2444

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

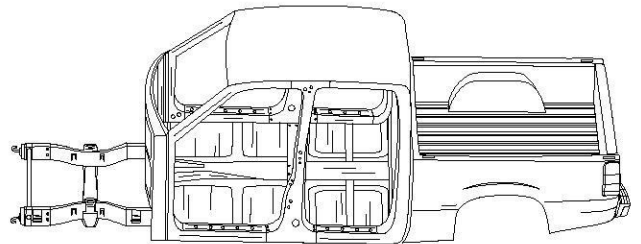
Make: \_\_\_\_\_

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

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

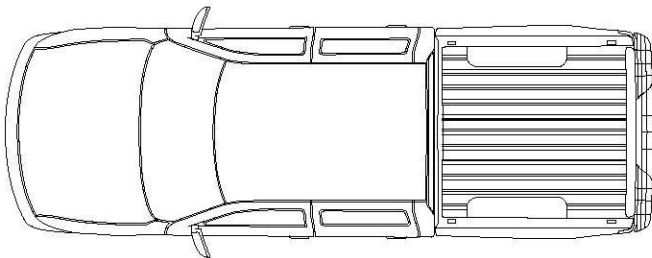


**PASSANGER SIDE**

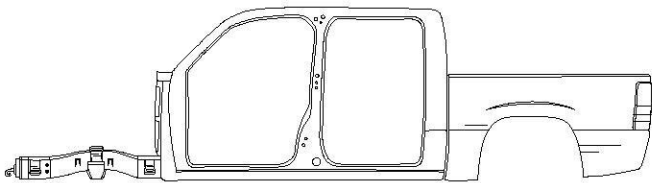


Please use the area below for a detail of cut instructions:

Notes:

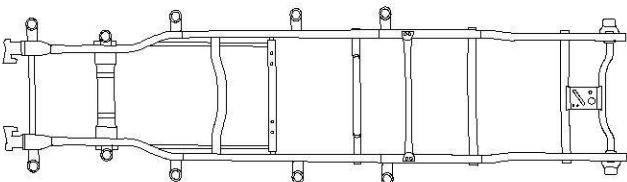


**TOP VIEW**



**DRIVER SIDE**

**P**



**D**

**TOP VIEW**