

Recycled Parts Request: SPORT UTILITY VEHICLE FORM

Date: _____

To: _____ From: _____

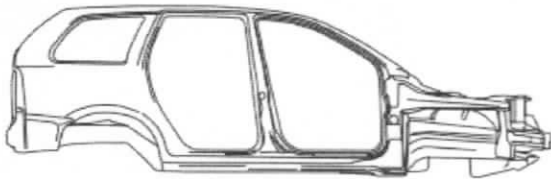
Contact Person: _____ Contact Person: _____

Phone #: _____ Fax #: _____

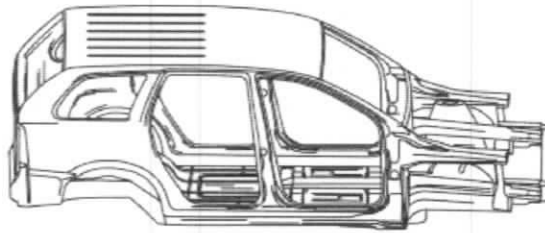
Year: _____ Make: _____

Model: _____ VIN #: _____

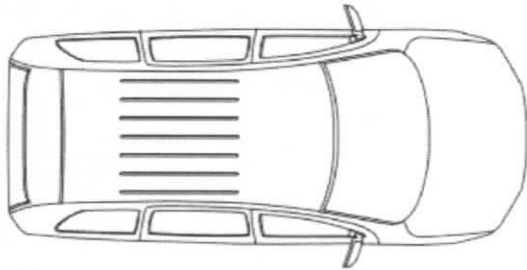
P.O. #: _____ Build Date: _____



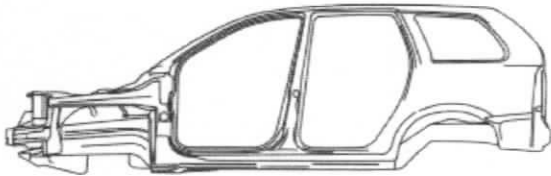
PASSENGER SIDE



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

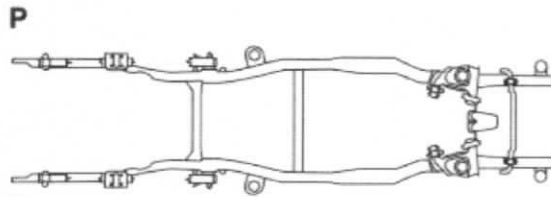


TOP VIEW



DRIVER SIDE

Notes:



UNDERBODY VIEW