Recycled Parts Request: SPORT UTILITY VEHICLE FORM

Date: _____

To: _____ From: _____

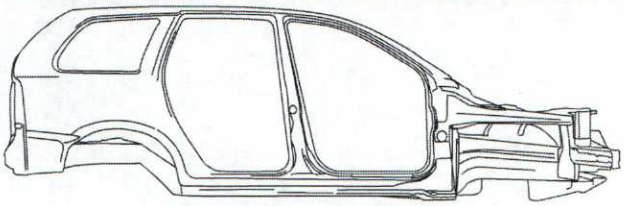
Contact Person: _____ Contact Person: _____

Phone #: _____ Fax #: _____

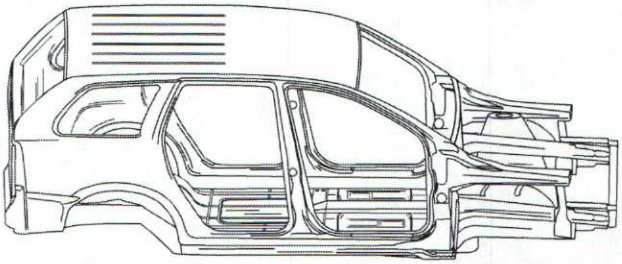
Year: _____ Make: _____

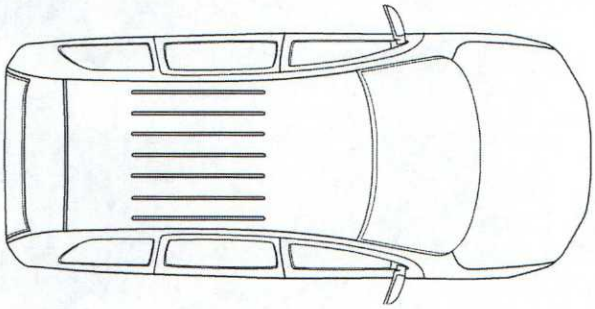
Model: _____ VIN #: _____

P.O. #: _____ Build Date: _____



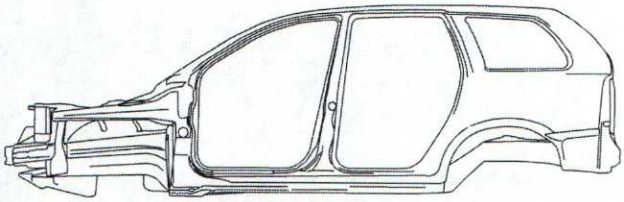
PASSENGER SIDE





TOP VIEW

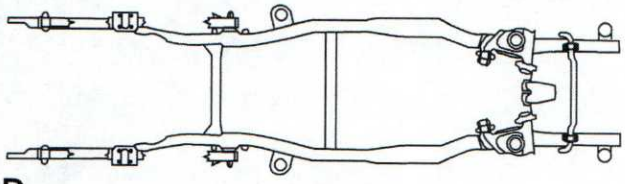
Please use the area below for a detail of cut instructions:



DRIVER SIDE

Notes:

P



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UNDERBODY VIEW

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