

**Recycled Parts Request: SPORT UTILITY VEHICLE FORM**

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

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

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

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

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

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

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

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

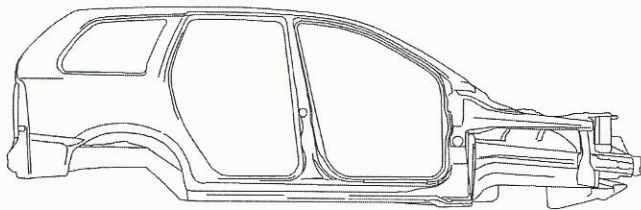
Make: \_\_\_\_\_

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

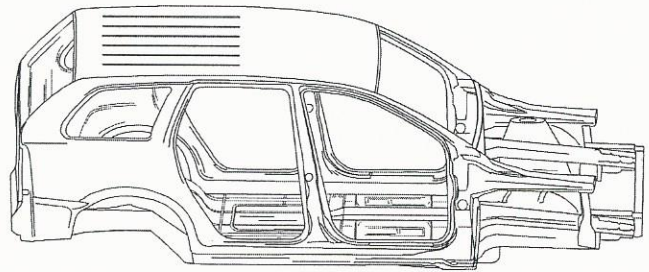
VIN #: \_\_\_\_\_

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

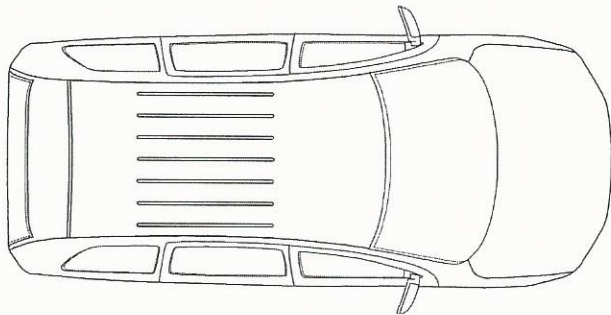
Build Date: \_\_\_\_\_



PASSENGER SIDE

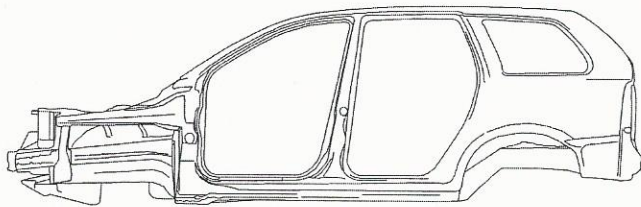


Please use the area below for a detail of cut instructions:

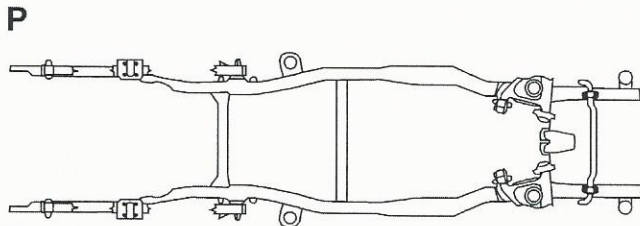


TOP VIEW

Notes:



DRIVER SIDE



UNDERBODY VIEW

\_\_\_\_\_

FAX: 866-465-0046

\_\_\_\_\_