

Recycled Parts Request: **CREW CAB TRUCK**

Date: _____

To: _____

Contact Person: _____

Phone #: _____

Year: _____

Model: _____

P.O. #: _____

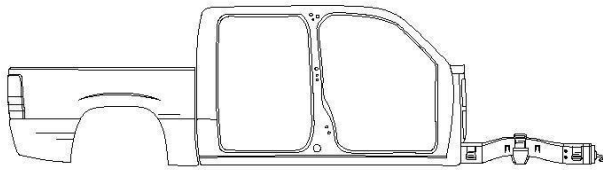
From: **Dave's Auto Wrecking**
(619) 661.1181
info@davesautowreckingsd.com

Fax #: _____

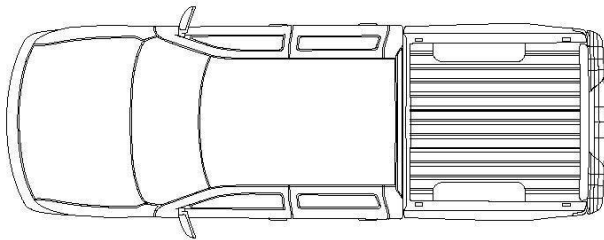
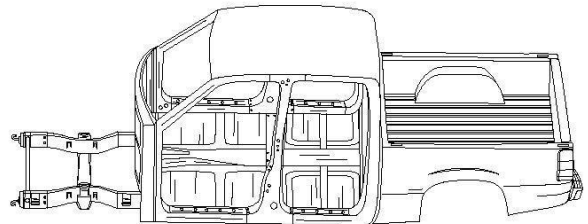
Make: _____

VIN #: _____

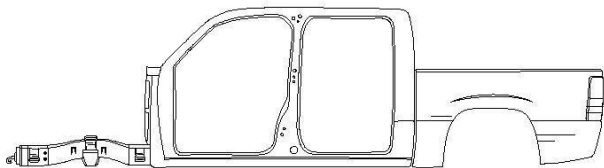
Build Date: _____



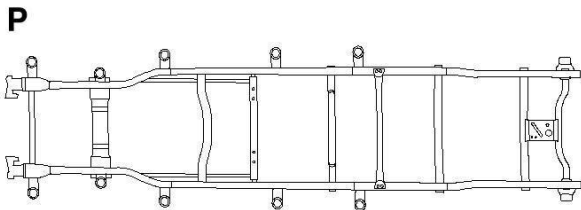
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



P
D
TOP VIEW

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

Notes:
