

**Recycled Parts Request: EXTENDED CAB TRUCK FORM**

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

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

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

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

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

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

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

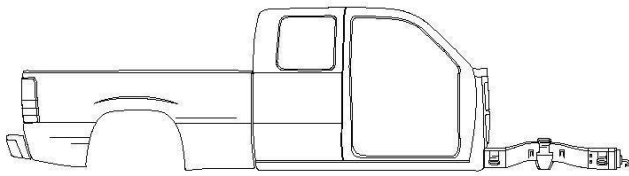
From: **Dave's Auto Wrecking**  
**(619) 661.1181**  
**info@davesautowreckingsd.com**

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

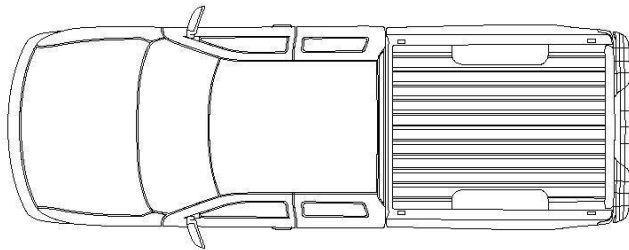
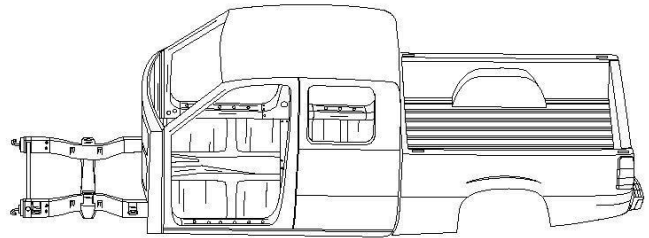
Make: \_\_\_\_\_

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

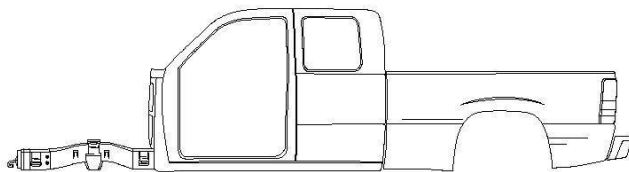
Build Date: \_\_\_\_\_



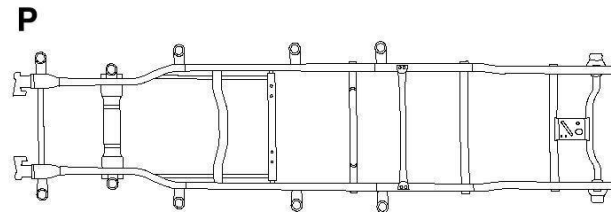
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:

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