

# Recycled Parts Request: SPORT UTILITY VEHICLE FORM

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

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

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

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

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

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

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

Parsons Auto Parts L.L.C.

From: Address: 2250 Parsons Ave. Columbus OH. 43207

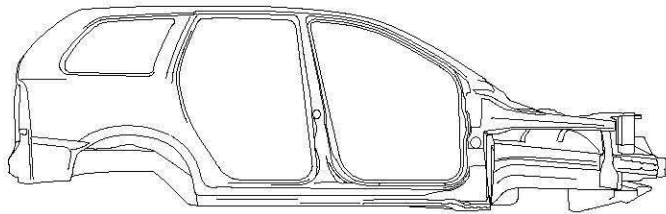
Phone No : (614) 443-7451, (614) 443-7452

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

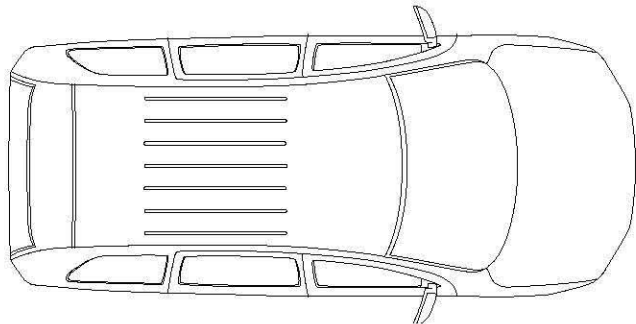
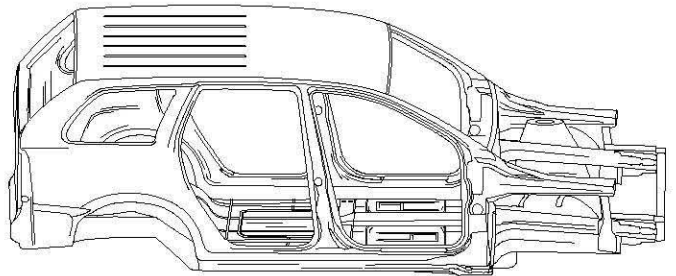
Make: \_\_\_\_\_

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

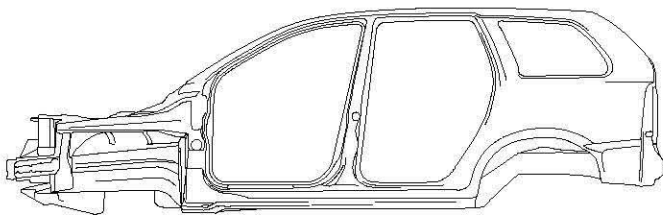
Build Date: \_\_\_\_\_



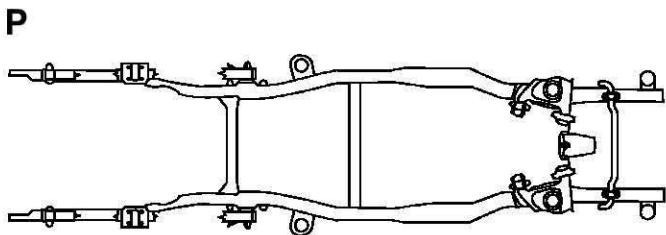
PASSANGER SIDE



TOP VIEW



DRIVER SIDE



D

TOP VIEW

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

Notes:

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