

# Reader Response Form

Are you having trouble identifying a part on your car? Is there a part on your car that you believe is original, but its casting number is not listed in this book? Are there codes that you don't understand? Are you interested in the national trim validation service mentioned in Chapter 1? If so, copy or print this form, fill it out, noting where your question or comment is, and mail it to the author at the address listed to the right. Help make this book the best reference it can be.

## Send to:

Alan Colvin  
 3005 Barret Ave.  
 Plant City, FL 33566  
 www.AlanColvin.com

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

VIN: \_\_\_\_\_ Series: \_\_\_\_\_

Model: \_\_\_\_\_ Body Style: \_\_\_\_\_

Trim Tag (fill in):

**1955-58**

CHEVROLET DIVISION  
 GENERAL MOTORS CORPORATION  
 CORRESPONDENCE PERTAINING TO THE BODY  
 MUST BEAR THESE NUMBERS

**STYLE N<sup>o</sup>** \_\_\_\_\_  
**BODY N<sup>o</sup>** \_\_\_\_\_  
**TRIM N<sup>o</sup>** \_\_\_\_\_  
**PAINT N<sup>o</sup>** \_\_\_\_\_  
**TOP** \_\_\_\_\_  
**ACC.** \_\_\_\_\_

BODY BY FISHER

**1959**

CHEVROLET DIV. GENERAL MOTORS CORP.  
 DETROIT, MICHIGAN

**STYLE** \_\_\_\_\_ **BODY** \_\_\_\_\_  
**TRIM** \_\_\_\_\_ **PAINT** \_\_\_\_\_  
**ACC.** \_\_\_\_\_

THIS CAR FINISHED WITH  
*Magic-Mirror* ACRYLIC LACQUER  
 BODY BY FISHER

Trim Tag Position (be specific): \_\_\_\_\_

Engine code: _____	Exhaust _____ LH _____ RH _____	Transmission Type: _____
Engine VIN stamp: _____	Casting #: _____/_____	Build Date: _____
Stamp: Gang Individual	Casting Date: _____/_____	Date Location: _____
Block Casting #: _____	Distributor: _____	VIN Stamp #: _____
Block Casting Date: _____	Date Code: _____	Maincase #: _____
Main Bearing Cap: q 2-bolt q 4-bolt	Vacuum Unit: _____	Maincase Date: _____
Intake Casting #: _____	Alternator: _____	Extension #: _____
Intake Casting Date: _____	Date Code: _____	Extension Date: _____
Head Casting #: _____	Carburetor Type: _____	Sidcover #: _____
Head Casting Date: _____	Stamping #: _____	Sidcover Date: _____
Material: q Cast Iron q Aluminum	Date Code: _____	Front Bearing Retainer #: _____
Symbol at end of head (if any): _____	Primary Metering #: _____	Rear Axle Type: _____
Water Pump #: _____	Secondary Metering #: _____	Bolt: q 10 q 12
Casting Date: _____	Camshaft #: _____	Axle Code: _____
Crank Casting #: _____		Build Date: _____
		Center Section #: _____
		Positraction #: _____
		Length: _____
		• Axle shaft (each) _____
		• Between spring seat centers _____

List all special options that you believe the car was delivered with: \_\_\_\_\_

—Please Fill Form Out Completely—