

# 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  
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Plant City, FL 33566

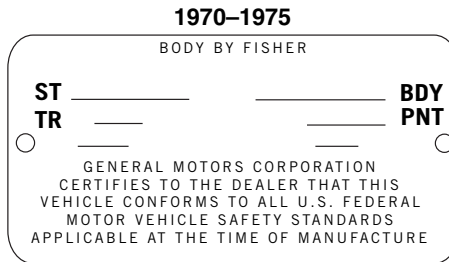
www.AlanColvin.com

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

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

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

Trim Tag (fill in):



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

Engine code: _____	Exhaust _____ LH _____ RH _____	Maincase #: _____
Engine VIN stamp: _____	Casting #: _____ / _____	Maincase Date: _____
Stamp: <input type="checkbox"/> Gang <input type="checkbox"/> Individual	Casting Date: _____ / _____	Extension #: _____
Block Casting #: _____	Distributor: _____	Extension Date: _____
Block Casting Date: _____	Date Code: _____	Sidecover #: _____
Main Bearing Cap: <input type="checkbox"/> 2-bolt <input type="checkbox"/> 4-bolt	Vacuum Unit: _____	Sidecover Date: _____
Intake Casting #: _____	Alternator: _____	Front Bearing Retainer #: _____
Intake Casting Date: _____	Date Code: _____	Rear Axle Type: _____
Head Casting #: _____	Carburetor Type: _____	Axle Code: _____
Head Casting Date: _____	Stamping #: _____	Build Date: _____
Material: <input type="checkbox"/> Cast Iron <input type="checkbox"/> Aluminum	Date Code: _____	Center Section #: _____
Symbol at end of head (if any): _____	Primary Metering #: _____	Positraction #: _____
Water Pump #: _____	Secondary Metering #: _____	Length: _____
Casting Date: _____	Transmission Type: _____	• Axle shaft (each) _____
Crank Casting #: _____	Build Date: _____	• Between spring seat centers _____
Camshaft #: _____	Date Location: _____	Does car have the protect-o-plate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	VIN Stamp #: _____	Does car have the build sheet located under gas tank? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

—Please Fill Form Out Completely—