SVM VEHICLE MOVEMENT REQUEST FORM

EMAIL **SVM.mailbox@gm.com**

TO BE COMPLETED BY GM

RE-CONSIGNMENT # _____

SPECIAL MOVE # _____

FOLLOW-UP _____

FOLLOW-UP _____

ACCOUNT # _____

TO BE COMPLETED BY SVM (SPECIAL VEHICLE MANUFACTURER)

CONTACT NAME _____ **DATE** _____

CONTACT PHONE _____

CONTACT E-MAIL ADDRESS _____

PICK UP UNITS AT LOCATION

LOCATION NAME _____ **DEALER CODE** _____

PICK UP ADDRESS _____ **CONTACT PHONE** _____

_____

_____

CONTACT _____

DELIVER UNITS TO LOCATION

LOCATION NAME _____ **DEALER CODE** _____

DESTINATION ADDRESS _____ **CONTACT PHONE** _____

_____

_____

CONTACT _____

ORDER #	VIN #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL NOTES