







SVM VEHICLE MOVEMENT REQUEST FORM

 $\verb|EMAIL SVM.mailbox@gm.com||\\$

TO BE COMPLETED E	BY GM		
RE-CONSIGNMENT #			
SPECIAL MOVE #			
FOLLOW-UP			
FOLLOW-UP			
ACCOUNT #			
TO BE COMPLETED E	BY SVM (SPECIAL VEHI	ICLE MANUFACTURER)	
CONTACT NAME			DATE
CONTACT PHONE			
CONTACT E-MAIL ADDRESS			
PICK UP UNITS AT LO	OCATION		
LOCATION NAME		DEALER CODE	
PICK UP ADDRESS		CONTACT PHONE	
CONTACT			
DELIVER UNITS TO L	OCATION		
LOCATION NAME		DEALER CODE	
DESTINATION ADDRESS		CONTACT PHONE	
CONTACT			
	ORDER#	VIN#	