MASIT
MAS Insurance Trust

Change Request Form

Please return to: rskannal@massup.org

County: _____

AUTO CHANGE						
ADD, DELETE, CHANGE?	YEAR	MAKE	MODEL	VIN	DEPARTMENT / TYPE	COST NEW

EQUIPMENT CHANGE						
ADD, DELETE, CHANGE?	YEAR	MAKE	MODEL	VIN / SERIAL #	DEPARTMENT	COST NEW

PROPERTY CHANGE								
DESCRIPTION OF LOCATION	ADDRESS	CITY	ZIP	CONSTRUCTION TYPE	# OF STORIES	SQUARE FOOTAGE	YEAR BUILT	SPRINKLERED (YES/NO)