MASIT
MAS Insurance Trust

Change Request Form

Please return to:
rskannal@massup.org

County: _____ Date: _____

Requested By: _____ Phone #: _____

REQUEST CHANGE FOR THE FOLLOWING

☐ Auto ☐ Property ☐ Equipment

AUTO CHANGE REQUEST

☐ Add ☐ Change ☐ Delete

Year: _____ Make: _____ Model: _____

VIN: _____ Department: _____ Cost New: _____

PROPERTY CHANGE REQUEST

☐ Add ☐ Change ☐ Delete

Description of Location: _____

Address: _____ City: _____ State: ____

Zip Code: _____ Construction Type: _____

Number of Stories: _____ Square Footage: _____

Year Built: _____ Sprinklered (Yes/No): _____

EQUIPMENT CHANGE REQUEST

☐ Add ☐ Change ☐ Delete

Year: _____ Make: _____ Model: _____

Serial Number: _____ Cost New: _____