MASIT Policy Change Request Form

Member County _____ Date _____

VEHICLE SCHEDULE POLICY CHANGES							
A, D or U	**Vehicle #**	**Year**	**Make**	**Model**	**VIN**	**Department**	**Cost New**
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$

EQUIPMENT SCHEDULE POLICY CHANGES							
A, D or U	**Asset #**	**Year**	**Make**	**Model**	**Serial Number**	**Department**	**Cost New**
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$

A – Add, D – Delete, U – Update