

# ACWA Joint Powers Insurance Authority

## Monthly Small Claims Report

District Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Claim No.	Date/Time of Incident	Date Claim Received	Claimant's Name (and driver/if auto claim)	Brief Description of What Happened	Amount of Settlement	Date Settled	Release Attached?

Approved by: \_\_\_\_\_