IOWA DEPARTMENT OF CORRECTIONS

Date: __________________________

To: Bridges of Iowa
    Email to: dcoughlin@bridgesofia.org
              arodberg@bridgesofia.org
    Fax to: (515) 209-7081

From: _______________________________________________________________
       (Facility Name)

                                    _______________________________________________________
       (Facility Address)

                                    _______________________________________________________
       (Contact Person and Email Address)

                                    _______________________________________________________
       (Facility Fax Number)

Re: Request for Level of Care Dates

Included with this memo is a signed Bridges of Iowa Release Form requesting dates of attendance for each level of care while at the Polk County Jail location regarding a DOC incarcerated individual.

Please provide the requested information to the above DOC facility.

Thank you.

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Originated: May 2020.