

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.