

IOWA DEPARTMENT OF CORRECTIONS

Date: \_\_\_\_\_

To: Bridges of Iowa

Email to: [dcoughlin@bridgesofia.org](mailto:dcoughlin@bridgesofia.org)

[arodberg@bridgesofia.org](mailto: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.