

Date:

RE: Financial Records

Name of Power of Attorney:

Pursuant to Iowa Code 633B.114(8):

I, _____, an Adult Protective Services Worker operating under the laws of Iowa Code 235B, am conducting an authorized evaluation of dependent adult abuse.

I understand you are the agent of an executed Financial Power of Attorney. As such, I hereby request records pertaining to all receipts, disbursements, or transactions conducted on behalf of the principal, _____. Please include all records for the period of _____ to _____.

As indicated in Iowa Code 633B.114(8) you shall comply with this request within 30 days. Records should be sent **securely** to:

APW:

Address:

City:

State:

Zip:

Email:

Please provide the requesting information in the following format:

Feel free to contact me with questions.

Sincerely,

Worker Name

Worker Title