

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

To:

POSTMASTER

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify if the address given below is one at which mail for the individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name: _____

Last known Address:

I certify that the address information for this individual is required for the performance of this agency's official duties.

_____, Director
Child Support Services

FOR POST OFFICE USE ONLY

- () MAIL IS DELIVERED TO ADDRESS GIVEN
- () NOT KNOWN AT ADDRESS GIVEN
- () MOVED, LEFT NO FORWARDING ADDRESS
- () NO SUCH ADDRESS
- () OTHER (please specify)

Child Support Services _____

() NEW ADDRESS:

() For any address listed as a PO box, please provide the street address:

POSTMARK/DATE STAMP