

Iowa Department of Public Health

Token Replacement Request Form

Please complete (print clearly, and in ink) and mail original signed form to the address at the bottom of this document.

Lost / Damaged Replacement cost is \$60.00 for a lost or damaged token.

Broken / Defective If the broken or defective token is returned to IDPH within the warranty period, a new token will be assigned at no cost to you.

NOTICE

When returning a token to IDPH, you MUST use (at minimum) a padded envelope to protect it from being damaged in the mail.

Name (First. Middle. Last):

Date of Birth: / / Email:

Driver's License#: Issuing state of DL#:

Organization:

Mailing Address :

Organization Id#: Organization Phone#: ( )

User Signature: Date:

Supervisor Signature: Date:

FOR IDPH USE ONLY:

Authorized Program Staff Signature: Phone: Date Received: / /

FOR IDPH BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Replaced Token ID: New Token ID: Date Paid: Check Number: Date to Fiscal: Fiscal Contact: Initials:

MAIL ORIGINAL SIGNED FORM TO: Iowa Department of Public Health Bureau of Family Health Attention: Brad Hummel 321 E. 12th St Des Moines, IA 50319-0075