

Polk County Jail
Jail Room and Board Fee
Appeal Form General Order # 6400.05



Name: _____

Date of Release: _____ Invoice #: _____

DOB: _____ Book ID#: _____

SSN: _____

Current Phone #: _____

Current Mailing Address: _____

How do you want to be notified of the decision? Phone Mail

Reason for Appeal: _____

Inmate Worker? Yes No

In House Drug Treatment Participant? Yes No

Other Drug Treatment Program? Yes No Location: _____

Booked and Released as a Juvenile? Yes No

Other Specific Reason: *Attach supporting documentation*

Defendant:

Signature _____ Date/Time _____

Jail Staff:

Signature _____ Date/Time _____